

## 香港糖尿聯會 Diabetes Hongkong

Rooms 2001-02, 20/F, Times Tower, 928-930 Cheung Sha Wan Road, Kowloon

九龍長沙灣道 928-930 號時代中心 20 樓 2001-02 室

電話 Tel:(852) 2723 2087 傅真 Fax:(852) 2723 2207 網址 Website:<u>http://www.diabetes-hk.org</u>

## 團體服務申請表格 Group Service Request Form

團體名稱	
Name of Organization	
行業 Industry	
團體地址	
Address	
活動負責人 Officer in charge	職位
Officer-in-charge 聯絡電話	
Telephone No.	
服務受惠人數	年齡範圍
Number of Persons in Target Group	Age Range
□ 糖尿病友親屬 □ 醫護人員 Heal	ns with Diabetes delatives of Persons with Diabetes n Professionals ns with Disabilities  請註明 Please Specify:
服務申請 Services Request (可選多項 Car	be multiple selections)
	序 To accelerate the handling process, please attach your proposal, if available.
□ 公眾講座預留座位 Group Reservation	
講題	舉辦日期 
Торіс	Eveni Date
□ 易拉架借用 Roll Screen Loan Out Serventer   □ 教育遊戲借用 Educational Games Loan	
□ 教育單張索取 Request for Educationa	Pamphlets
主題 Subject:	
主題 Subject:	數量 Quantity:
	健康講座 Wellness Talk 【1至3小時 1 to 3 Hours】 Simple health check □ 圖板展覽 Display boards
	:舉辦地點 Venue Proposed: mum donation per wellness talk is HK\$2,000.
4  时是冰時在42/27/10/10/10/16市—   / / /	mun donadon per wenness tark is most, boo.
□ 專業培訓 Professional Training 【1小 □ 講座 Talk	<b>寺 1 Hour】</b> 工作坊 Workshop
擬辦日期及時間 Proposed Date and Time	:
收費按人數計算 A fee will be charged on HK\$1,000 per program.)	a per head basis (每位港幣100元正 HK\$100 per head, 每次最低收費港幣1,000元正 Min charge:
	rsigned hereby certifies that all the information given on this form is correct and
complete. 申請人簽署	公司/團體蓋章
中調八短者 Applicant's Signature:	
申請人姓名	
Applicant's Name:	日期 Date:

請於活動前三星期遞交抬頭"香港糖尿聯會"的劃線支票至本會,所有費用不設退款。

Please make a crossed cheque payable to "Diabetes Hongkong" and mail to us at least 3 weeks prior to the event date. No refund would be made.

A. Introduction of Diabetes Hongkong







