Chinese Medicine Hospital Project Office

4th Consultation Session

Reply Slip

(*Please return on or before <u>6 September 2021</u> via email <u>chychiu@fhb.gov.hk</u> or by fax 2556 2839*)

I / Representative(s) of my organisation^{*} would like to attend the consultation session:

Date : 20 September 2021 (Monday)

Time : 7:00 p.m. – 8:30 p.m.

Venue : Lecture Theatre, Hong Kong Central Library, 66 Causeway Road, Causeway Bay (MTR Causeway Bay Station Exit F or Tin Hau Station Exit B)

| Name | Post title (if applicable) |
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| Name of contact person: | Mr / Ms^* |
|---|-------------|
| Name of organisation (if applicable): | |
| Telephone number: | |
| Email: | |
| Fax: | |
| Please specify if you are a person with disability and would require special arrangement: | |
| Date: | |

* Please cross out if not applicable.