**第十屆中藥質量鑒定技術研修班**

**招生報名表**

**Registration Form**

**The 10th Training Program for**

**Quality Control of Chinese Medicines**

|  |  |
| --- | --- |
| 姓名Name |  |
| 性別Sex |  | 出生日期Date of Birth (MM/DD/YYYY) |  |
| 澳門身份證號/工作許可證號Macau ID No./Work Permit No. |  | 國籍Nationality |  |
| 學位Degree |  | 專業Field of Expertise |  |
| 工作單位Employer |  | 職務Occupation |  |
| 聯繫電話Tel. or Mobile No. |  | 電子信箱E-mail |  |
| 學習經歷Learning Experience |  |
| 工作經歷Working Experience |  |
| 報名者簽名Signature |  | 日期Date(MM/DD/YYYY) |  |