**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) |  |