

Name:

Title:

IATA CEIV Pharma Certification Briefing Session Reply Form

Please complete this form and return to the HAFFA office on or before 11 August 2017 (Friday)

То	:HAFFA		Fax:	2796 3719	
Email				Ms. Lim (Tel : 2796 3121)	
DETAI	LS OF BRIEFING SESSION #				
Date Time Venu			-	Tsim Sha Tsui	
Fee Mediu	: FREE of charge Seats are limited - <u>Fir</u> <u>participants are expected</u>	st-come d from ea	-first-serve	_	
Inforn	nation of IATA CEIV Pharma Certificat www.haffa.com.hk/portal/Page/Defaul	ion:	<u>1053</u>		
Compa	ny Name:				
Contac	t Person: Mr./Ms.		Title:		
Tel:			Email #:		
Particip	pant(s):	_		_	
(1.) Mr./Ms.		Title:			
(2.) Mr./Ms.		Title:	Title:		
Author	ized Signature with Company Chop *:	an ins inform circur	sufficient numbe n individual re mstance.	will be cancelled should there be er of participants, and HAFFA will egistered Members under this	
		* Autho	rized signature	means any ONE signature from	

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the management listed in the current HAFFA Member