

營聚健康 系列講座

營養標籤 101

吃得健康不但是一種生活模式，也是一個學問。市面上有包羅萬有的包裝食品，你怎樣選擇呢？

2017年10月14日由註冊營養師來為你一一解答你的疑問和教你如何閱讀營養標籤吧！

講座日期:

2017年10月14日 (星期六)
下午1:30至3:00

講座語言:

廣東話

講座費用:

每位 \$8

地點:

105 Gibson Centre, Gibson Drive
Markham ON, L3R 3K7
(近TTC 53E和68路車站)

截止報名日期:

2017年10月2日
名額有限，欲報從速

注意事項

是次課程只限18歲以上的會員報名。如果您為非會員但有興趣參加本課程，請填寫會員申請表，並隨報名表一併寄回本分會。

報名詳情:

如欲查詢有關資料，請致電加拿大糖尿病協會多倫多華人分會 (電話: 416-410-1912)。

報名支票抬頭請寫上:

Diabetes Canada – Toronto Chinese Chapter

- 報名表格連同支票須於2017年10月2日前寄回本分會：
Diabetes Canada– Toronto Chinese Chapter
P. O. Box # 42071
2851 John Street, Markham, Ontario, L3R 5R7

- 每位參加者必須於報名表格上簽妥「免責聲明」，並附上聯絡方式。
- 本分會將於2017年10月8日前以電話聯絡閣下以通知作實。一經確定，恕不退款。如閣下於此日期前尚未收到通知，請即與本分會聯絡。

如欲申請成為會員，請登入本會網站 www.diabetes-chinese.ca 下載會員申請表格，填妥後連同「營聚健康」系列講座的報名表格及支票一併寄回本分會辦理。

姓 Surname	名 Given Name	會員號碼 Membership No.	新會員(✓) New Member	住址或電郵地址 Address or E-mail	聯絡電話 Contact No:
			參加人數 Total number of participants	支票總額 Total cheque amount	\$

*新會員請填寫會員申請表，並與此報名表一起寄回本分會。

免責聲明

根據加拿大法律規定，「免責聲明」必須以英文書寫。以下為英文版的「免責聲明」。

THIS AGREEMENT is made by the undersigned (which shall bind his heirs, assigns and personal representatives) in favour of Diabetes Canada – Toronto Chinese Chapter and all its committee members, advisors, officers, agents, employees, volunteers, sponsors and patrons (hereinafter collectively called the “Association”). NOW BY THIS AGREEMENT:

1. In consideration of the Association accepting the undersigned as its member/visitor, the undersigned hereby COVENANTS with the Association that the undersigned shall waive all his right and claims against the Association for damages or otherwise with regard to his injury, illness or death or loss or damage to his property that may arise from participating or in connection with any activities organized by the Association including but not limited to qigong class -or practice, outings and social functions such as karaoke singing and shall further keep the Association fully and effectually indemnified against all actions, proceedings, accounts, claims or demands (and all costs and expenses incurred in connection therewith) which may be brought or made or threatened to be brought or made by the undersigned or any person relating to the aforesaid.
2. The undersigned agrees that he will consult his own physician and obtain such necessary medical advice as may be appropriate before joining any activities of the Association.
3. For the purposes of this Agreement, (where the context permits) any gender shall mean and include all other genders and the singular shall mean and include the plural and vice versa.
4. The undersigned confirms that he has read and fully understands the contents herein and has obtained appropriate legal advice upon the request of the Association to consult his own lawyer before signing this Agreement.

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

*根據法律要求，請務必用英文填寫正楷姓名 (Print Name) 一欄。