**The Government of the Hong Kong Special Administrative Region
Social Welfare Department**

**Invitation for Proposals for the**

**Social and Care Support Service under**

**the Residential Care Services Scheme in Guangdong**

**for the Period from *1 May 2025 to 31 March 2028***

# Annex 4 –

# Reply Slip for the Briefing Session

***(return on or before 5:00 p.m. 09.01.2025)***

To: Director of Social Welfare

[Attn: Senior Social Work Officer (Elderly)1] Facsimile No.: 2891 6922

The following representative(s) will attend the briefing session:

Date : 13.1.2025(Monday)

Time : 3:00 p.m.

Venue : Room 919, 9/F., Revenue Tower, 5 Gloucester Road,

Wan Chai, Hong Kong

Full Name of Attendee(s) Post/Title

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mr/Mrs/Ms/Miss |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Mr/Mrs/Ms/Miss |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Mr/Mrs/Ms/Miss |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Mr/Mrs/Ms/Miss |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Mr/Mrs/Ms/Miss |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  *(Please stamp* *Official seal below)* |
|  |  |  |  |
| Name of NGO: |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Contact Person: |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Telephone No.: |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Facsimile No.: |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Mobile Phone No.: |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| E-mail Address: |  | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |