

## ANTI-DOPING ORGANIZATION OF HONG KONG, CHINA

## **Application for Doping Control Services**

Event Organizer's Information:		
Name of Event Organizer:		
Name of Authorized Person:		
Position:		
Name of Contact Person:		
Telephone Number:		
Fax Number:		
Email Address:		
Details of the Event: Name of the Event:		
Location of the Event:		
Date(s) of the Event:		
Type of Tests:	In-Competition	Out-of-Competition
Number of Day(s) required Tests:		
Number of Samples to be collected:	Urine:	Blood:
Number of EPO analysis required:		
Number of GHRF analysis required:		
Notes:		
<ol> <li>Application should be submitted to date. Late submission may not be a</li> <li>A quotation can be provided upon r</li> <li>Payment is required to be settled w conclusion of the Event.</li> <li>Event Organizer is responsible for chaperones, supplies and setting up</li> <li>Please call ADOHK Office at 2890 36</li> </ol>	ccepted. equest. ithin 30 days of the issuance or the arrangement of, inc o of Doping Control Stations(s	date of Debit Note after the luding but not limited to, ), etc.
Applicant's signature:	Company Chop	):
Date of Application:		