



皇家造船師學會暨輪機工程及海事科技學會  
香港聯合分會

The Hong Kong Joint Branch of  
The Royal Institution of Naval Architects  
and the Institute of Marine Engineering, Science and Technology

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香港海事科技學會  
THE HONG KONG INSTITUTE OF  
MARINE TECHNOLOGY

\*\* Notice of Technical Visit\*\*

**Title:**

Technical Visit to Daya Bay Nuclear Power Station (大亞灣核電站) in Shenzhen on 13 September 2014 (Saturday)

**Date & Time:**

13 September 2014 (Saturday); 0730 Hrs  
(Assembly outside MTR Exit F of Kowloon Tong Station)

**Proposed Visit Programme:**

13 September 2014 (Saturday)

Time	Schedule
07:30	Assembly outside MTR Exit F of Kowloon Tong Station
09:45 – 10:00	Greeting at Daya Bay Public Relations Centre
10:00 – 11:00	Briefing on the nuclear power generation and safe operation of Daya Bay -Video display -Presentation -Q & As
11:00 – 11:40	Exhibition hall (display models of reactor, fuel assemblies and Daya Bay site)
11:40 – 11:55	Simulation room (briefing on training of plant operators)
11:55 – 12:30	Daya Bay viewing platform (Overview of the power plant)
12:30 – 14:00	Lunch
14:00	Depart Daya Bay for Hong Kong

## Registration & Enquiries:

For registration (on first-come-first-served basis), please complete and return the registration form at below **not later than 20 August 2014** to Mr. K.H. Lai by Email ([laikimhing68@gmail.com](mailto:laikimhing68@gmail.com)). The number of participants of this technical visit is limited to 20.

Please note that the original Registration Form must be signed and return to the Organizer prior the visit.

*For enquiries, please contact Mr. K.H. Lai (email: [laikimhing68@gmail.com](mailto:laikimhing68@gmail.com)).*

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### Registration Form

(To: [laikimhing68@gmail.com](mailto:laikimhing68@gmail.com); \*delete where applicable)

To: Event Coordinator

Please reserve **one** seat for me on the technical visit to **Daya Bay Nuclear Power Station** on **13 September 2014 (Saturday)**.

I sign below to confirm my consent to follow any and all safety instructions given by the organizer(s) and/or the owner of the premises/sites and to well equip myself with necessary safety gear for participation in the event. I understand that neither the institution nor the parties concerned would accept any liability in connection with the above events.

Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership no: ( HKIMT / IMarEST / RINA ) \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_ : Fax : \_\_\_\_\_