

**Application for Health Talk**  
**“Post Disaster Emotional Handling”**

**Applicant**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: Mr./Miss/Mrs. \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Fax. No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Details of the Talk**

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Venue : \_\_\_\_\_

\_\_\_\_\_

No. of participants : \_\_\_\_\_ Age Group : \_\_\_\_\_

**Please complete and return this form to us by mail, fax or e-mail :**

Address : 81 Princess Margaret Road, Homantin, Kowloon.

Telephone No. : 2762 2011

Fax. No. : 2715 0245

Email Address : info@ams.gov.hk