

**Application for Health Talk**  
**“How Much Do You Know About Influenza ? How Do You Protect Your Children ?”**

**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 :**

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Telephone No. : 2762 2011

Fax. No. : 2715 0245

Email Address : info@ams.gov.hk