

Application for Talk
“Community Cardiopulmonary Resuscitation”

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