

To: Mr Ivan Wong, IDCTC, HA / ICB, CHP

Fax: 3523 0752

Tel: 2125 2930

To be returned by 27.10.06

***Enrolment Form***  
**Seminar on Community-Associated  
Methicillin-Resistant *Staphylococcus Aureus* Infections (CA-MRSA)  
Infectious Disease Control Training Centre, Hospital Authority /  
Infection Control Branch, Centre for Health Protection  
4 November 06      1.30 – 3.30 pm**

I would like to enrol the following colleagues in above seminar:

No	Name	Position	Specialty
1.			
2.			
3.			
4.			
5.			

From	
Name:	Clinic Location:
Telephone:	Email Address:
Signature:	Date: