

To: Mr. Steven Ma

Fax: 3523 0752

To be returned on/before 7.4.2011

### *Nomination Form*

**Training Workshop on Infection Control Stewardship Program  
in Residential Care Homes for Elderly  
Organized by Infectious Disease Control Training Centre, Hospital Authority/  
Infection Control Branch, Centre for Health Protection  
19 to 21 March 2011 (Tuesday to Thursday)  
Seminar Room 1 and 2, G/F, Centre for Health Protection,  
147C Argyle Street, Kowloon**

I would like to nominate the following colleagues to attend above program:

Priority	Name	Position	Telephone	Email Address	19.4.2011		20.4.2011		21.4.2011	
					AM	PM	AM	PM	AM	PM
<i>(Please tick sessions as appropriate)*</i>										
1										
2										
3										
4										
5										
6										
7										
8										

*\* Nomination for the workshop on half-day basis will be allowed. Please tick both am and pm sessions if nominated to attend full day workshop. If nominated to attend only 1 session, pls tick the session concerned.*

<b>From</b>	
Name:	Position:
Department / Hospital:	Tel no.:
Signature:	Date: