

Enrolment Form
For HA CME Training Activity for Non-specialists

Title of the Training Activity: _____

Name of the Organizer: _____

Date & Time of the Activity: _____

Venue of the Activity: _____

Name of Participant: _____

Years of Working Experience: _____

Correspondence Address: _____

Contact Telephone No.: _____

Fax No.: _____

Signature of Participant: _____

Please fax this enrolment form to the contact person of the activity as listed in the CME activity list.

REPLY SLIP

(To be filled in by the Training Organizer i.e. Hospital/Department/Coordinating Committee)

To: _____

Fax No.: _____

Activity Title: _____

Activity Date: _____

Please be informed that your enrolment for the above HA CME training activity for non-specialists has been accepted* / rejected*. Should you have any questions, please contact the undersigned.

Name of Contact Person + Tel. No.
Hospital / Department / COC

**Delete as appropriate*