

# Allergy Prevention Workshop

## Enrollment Form

*\*Please reply on or before 14/8 (Tue)*

Please fill in block letter and  the appropriate

### Personal Information

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Hospital / Clinic name: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Profession:  Paediatric Nurse  O&G Nurse  Dietitian  Nutritionist  
 Others: \_\_\_\_\_

Your choice (Please  one) :

*\*by first-come first- served basis*

Series 1

22/8 (Tue)  
29/8 (Tue)  
5/9 (Tue)

**HKCSS Duke of Windsor Social Service Building**  
15 Hennessy Road,  
Wan Chai

Series 2

23/8 (Wed)  
30/8 (Wed)  
6/9 (Wed)

**HKCSS Duke of Windsor Social Service Building**  
15 Hennessy Road,  
Wan Chai

Series 3

29/8 (Tue)  
5/9 (Tue)  
12/9 (Tue)

**InnoCentre**  
72 Tat Chee Ave,  
Kowloon Tong

Please email or fax the completed reply slip to Ms. Sandy Ng,

Email: [sandy.ng@hk.nestle.com](mailto:sandy.ng@hk.nestle.com)

Fax: 2858 6427

Organizer



Co-Organizer



Sponsor

