

“CONTROLLING H1N1 INFLUENZA AT THE WORKPLACE”
WORKSHOP

(PLEASE TYPE OR USE BLOCK CAPITALS)

REGISTRATION FORM

NAME:

TITLE:

ORGANIZATION:

ADDRESS:

TEL: FAX: E-MAIL:

Participant's Cell # Participant's E-Mail

Date of Workshop

30 November, 2009

Time of Workshop

1 p.m. – 4 p.m.

Venue

Palm Haven Hotel

Facilitator

**Ministry of Health, Wellness, Family Affairs, National Mobilization,
Human Services and Gender Relations**

REGISTRATION

COMPLEMENTARY

INCLUDES : COFFEE BREAK

Please return this completed form by email to:

slhta@candw.lc or by Fax: 452 7967
before Thursday 26th November, 2009