

Association Concerning Sexual Violence Against Women – RainLily
 WE Stand – Female Migrant Workers and Ethnic Minority Women Program
 24 MARCH 2013 Women’s Health Day 2013 Organization Registration Form

Programme Application:
 Fax: 2625 1572
 (Attn. to Ms. Liu)

Organization: _____

Responsible Staff: _____ Contact no. (office): _____ (on 24 Mar): _____

Registration information for private circulation and internal record only.

No.	Name	ID card no.	Contact no.	Language	Please put a ✓ in the appropriate box			Childcare services on 24/3		Any gynecological checkup done before (please put a ✓ in the appropriate box)	
					Indonesian	South Asian	English Speaker				
					Registration time:12:00n	Registration time:1:00pm	Registration time:2:15pm	No. of children	Age	Never	No checkup within 1 year

Signature of Responsible Staff: _____ Date: _____

Remarks: The participants should come on time for registration; cervical test would not be guaranteed for late-comers.
 Please kindly return the form to Ms. Candice Liu via email or fax: 2625-1572 by **18 March, 2013 (Mon)**. Should you have any enquiry, please contact Ms Liu (phone number: 2300 1933/ 5681 8406). Participating organization will be notified of successful registration as confirmation.