

Asthma Update for Pharmacists

Asthma Best Practice
for Professionals



Workshop Request Form

ORGANISATION

Host Organisation Name:		
Street address: (not PO Box)		
Suburb:	State:	Postcode:

CONTACT PERSON

Name	
Position	
Contact numbers	
Email	

PROPOSED WORKSHOP

Day of the week Dates (Max. 3 in order of preference)	1.	2.	3.
Times (Allow 2.5 hours)			
Location (Suburb or town)			Postcode:

ESTIMATED ATTENDANCE

Pharmacists:

Confirmation

On confirmation of workshop date(s), formal notification will be sent to your organisation via email. Up to \$1,000 is available to assist with the costs of hosting a workshop (subject to budget approval). Expenses will be reimbursed post-event on receipt of workshop report, tax invoice and statement of expenditure.

This organisation would like to host an Asthma Update for Pharmacists workshop.

Name

Date

Please return this form to: Phone: 03 9929 4333 / Fax: 03 9929 4300
Katie Wawrzyniak, Project Officer Email: katie.wawrzyniak@nationalasthma.org.au

Office use only

Received:

Logged: