

# Primary Care Asthma Update

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 including a break)			
Location (Suburb or town)			Postcode:

### ESTIMATED ATTENDANCE

GPs:	Nurses:	Pharmacists:	Physiotherapists:	Other health professionals:
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### 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 a Primary Care Asthma Update 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](mailto:katie.wawrzyniak@nationalasthma.org.au)

Office use only

Received:

Logged: