# 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)
- **Times**
  (Allow 2.5 hours including a break)
- **Location**
  (Suburb or town)
- **Postcode:**

## ESTIMATED ATTENDANCE

<table>
<thead>
<tr>
<th>GPs:</th>
<th>Nurses:</th>
<th>Pharmacists:</th>
<th>Physiotherapists:</th>
<th>Other health professionals:</th>
</tr>
</thead>
</table>

## 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: Katie Wawrzyniak, Project Officer
Phone: 03 9929 4333 / Fax: 03 9929 4300
Email: katie.wawrzyniak@nationalasthma.org.au

Office use only

Received: Logged: