



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 7 hours, including breaks)			
Location (Suburb or town)			Postcode:

ESTIMATED ATTENDANCE

GPs:	Nurses:
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Confirmation

On confirmation of workshop date(s), formal notification will be sent to your organisation via email. Up to \$1,800 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 Spirometry Training Course.

Name

Date

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

Office use only

Received:

Logged: