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:

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:  
Katie Wawrzyniak, Project Officer  
Email: katie.wawrzyniak@nationalasthma.org.au

Phone: 03 9929 4333 / Fax: 03 9929 4300

Office use only  
Received:  
Logged: