## Workshop Request Form

### ORGANISATION

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

### CONTACT PERSON

Name:  
Position:  
Contact numbers:  
Email:  

### PROPOSED WORKSHOP

Day of the week:  
Date:  
(Max. 3 in order of preference)  
1.  
2.  
3.  
Time:  
(Allow 2.5 hours)  
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 $1,000 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 Spirometry Training Update workshop.**

Name:  
Date:  

Please return this form to:  
Madeline Leonard, Project Officer  
Email:  madeline.leonard@nationalasthma.org.au  

Office use only  
Received:  
Logged: