

Workshop Request Form

ORGANISATION					
Host Organisation Name:					
Street address: (not PO Box)					
Suburb:		State:	Postc	Postcode:	
CONTACT PERSON					
Name					
Position					
Contact numbers					
Email					
PROPOSED WORKSHOP					
Days and Dates (Max. 3 in order of preference)	1.	2.		3.	
Times (Allow 7 hours, including breaks)					
Location (Suburb or town)				Postcode:	
Note: many of NACs respiratory scient orimary field so selecting weekend date ESTIMATED ATTENDANCE					
		Nurses:	Nurses:		
Confirmation On confirmation of workshop date(s This organisation would like to host This organisation agrees to monitor state or territory health department	a Spirometry Training Cour applicable government trav	se.			
Name			Date		
Please return this form to: Sal Lokvancic, Project Co-ordinator Clinical & Education Email: sal.lokvancic@nationalasthma.org.au					