Asthma Best Practice Webinar Series



Webinar Request Form

ORGANISATION								
Host Organisation N	ame:							
CONTACT PERSON								
Name								
Position								
Contact numbers								
Email								
PROPOSED WEBINA	.R							
Preferred Dates (Please include day of the week)		Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	
Time								
Platform Used								
Preferred Topics Please delete the topics you do not wish to have			 Asthma Medications and Devices- Session 2 Paediatric Asthma Update in 2020 – Session 3 Adult Asthma Update in 2020 – Session 4 Asthma in Spring – Allergies and Thunderstorms – Session 5 					
ESTIMATED ATTEND	ANCE							
GPs: Nurses:		Ph	narmacists:	Physioth	Physiotherapists:		Other health professionals:	
Confirmation On confirmation of wo	rkehon data(s	\ formal noti	fication will be	cent to your o	rganisation vis	a email		
This organisation wou				Sent to your or	gamsauon via	d Gillall.		
Name								
Please return this fo	rm to:		Project Officer rebecca.phin(@nationalasth	ma.org.au			