

## Webinar Request Form

### ORGANISATION

Host Organisation Name:
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### CONTACT PERSON

Name	
Position	
Contact Number(s)	
Email	

### PROPOSED WEBINARS

	Session 1	Session 2	Session 3	Session 4	Session 5
Preferred Date (Please include day of the week)					
Time					
Platform Used					
Preferred Topics (enter number as per sessions above)	Adult Asthma – What's New Little Lungs – A Paediatric Asthma Update Take A Breath – Asthma/COPD Medications and Devices Asthma and COPD – They Do Overlap Asthma in Spring – Allergies and Thunderstorms				

### ESTIMATED ATTENDANCE

GPs:	Nurses:	Pharmacists:	Physiotherapists:	Other health professionals:
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### Confirmation

On confirmation of workshop date(s), formal notification will be sent to your organisation via email.

*This organisation would like to host a Webinar Series Event.*

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Name

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Date

Please return this form to:	Project Co-ordinator, Clinical & Education Email: <a href="mailto:mirella.alessio@nationalasthma.org.au">mirella.alessio@nationalasthma.org.au</a>
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