

Workshop Request Form

ORGANISATION

Host Organisation Name:		
Street address: (not PO Box)		
Suburb:	State:	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 scientist presenters own their own business and/or work 9am to 5pm, Monday to Friday, in their primary field so selecting weekend dates will assist with placing presenters, however weekend dates are not essential.

ESTIMATED ATTENDANCE

GPs:	Nurses:
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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 Spirometry Training Course.

This organisation agrees to monitor applicable [government travel restrictions and advisories](#) and follow all state or territory health department COVID-19 guidelines.

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Name

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Date

Please return this form to:	Sal Lokvancic, Project Co-ordinator Clinical & Education Email: sal.lokvancic@nationalasthma.org.au
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