Asthma Education Program Webinar Series



Webinar Request Form

ORGANISATION							
Host Organisation	Name:						
CONTACT PERSON							
Name							
Position							
Contact Number(s	s)						
Email							
PROPOSED WEBINA	ARS						
		Session 1	Session 2	Session 3	Sess	sion 4	Session 5
Preferred Date							
(Please include day of	the week)						
Time							
Platform Used							
		Adult A	sthma – Wha	at's New			
		Little Lu	ungs – A Pae	diatric Asthma U	Jpdate		
Preferred Topics		Take A Breath – Asthma/COPD Medications and Devices					
(number as per sessio	ns above)	Asthma and COPD – They Do Overlap					
				•	-	4	
		Asinina	a in Spring – <i>i</i>	Allergies and Th	unders	lorris	
ESTIMATED ATTENI	DANCE					,	
GPs:	Nurses:	Pharm	acists:	Physiotherapists:		Other health	
			-			professionals:	

Confirmation

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

Name

Sal Lokvancic Project Co-ordinator, Clinical & Education

Please return this form to:

Email: sal.lokvancic@nationalasthma.org.au