

Community Education Program Booking Form

Organisation Details (Please complete):

Organisation: _____

Contact Person: _____

Position: _____

Phone No: _____ Fax No: _____ Mobile: _____

Email: _____

Mailing Address: _____

ABN: _____

Presentation Required:
(please select only one)

- General Women's health & wellbeing
 Osteoporosis
 Midlife Women's health & wellbeing

Proposed Date/s of Presentation: _____

Time: _____

Venue: _____

Venue Address: _____

Venue Telephone No: _____

Audience details: **Number expected:** _____ **Ethnicity:** _____

Age range: _____ **Group type** (eg GPs, TOWN): _____

What Audio Visual & equipment do you have?:

- Laptop
 Screen
 Dataprojector
 Other: _____

Other Relevant Info: _____

How did you hear about our Community Education Program? _____

Please fax to: (03) 9548 9120, or mail to: The Jean Hailes Foundation for Women's Health,
CEP Coordinator, PO Box 1108, Clayton South Vic 3169

Any enquiries please contact the Education Unit on:
(03) 9562 6771 or 1800 151 441

Office Use Only:	
Speaker to present:	
Organisation Fee:	