

Women's Alcohol & Drug Service
Training & Education Request Form

Date of request:

Organisation:

Contact Person:

Postal Address:

Email:

Phone:

Mobile No:

Fax No:

Fax to (03) 9344 2719

Preferred date(s) of training:

Preferred times:

Venue:

Is data equipment available?:

Participants' professions:

Approximate Number of participants:

Will lunch be provided: YES NO

Will morning or afternoon tea be provided YES NO

Details of requested training to be provided:
(attach Topics for Training list if available)

Accommodation details (if overnight stay):

Dates:

Address:

Additional information