



OFFICE OF THE PUBLIC ADVOCATE REQUEST FOR INFORMATION SESSION

DAY/DATES REQUESTED Mon _____

SUGGESTED TIME(S) _____

DURATION _____

NAME OF GROUP _____

CONTACT PERSON _____

TELEPHONE _____ FAX _____

EMAIL _____

VENUE ADDRESS _____

AUDIENCE TYPE (eg nurses, carers, social workers, medical practitioners) _____

EXPECTED NUMBER OF PARTICIPANTS _____

LEVEL REQUIRED (basic, medium, advanced) _____

DISCUSSION TOPIC(S) _____

HAVE YOU CARRIED OUT ANY ADVERTISING OR PROMOTION? (please give details)

Will a whiteboard be available? Yes No
Will an overhead projector be available? Yes No
Is there facility to use a USB Stick/Pen/flash drive Yes No

Office use only
Entered: _____ Booking No _____
Allocated to: _____
Confirmed: _____

PLEASE RETURN THIS FORM TO:

FAX NUMBER 08-8342 8250

E-MAIL: opa@agd.sa.gov.au