



Workshop Registration Form

You can complete this registration form online at lgfb.org.au/workshop

For Virtual Workshops: Please register online at lgfb.org.au/workshop or phone [1800 650 960](tel:1800650960)

For Face-to-Face Workshops:

Preferred workshop venue:

Workshop state: Workshop date:

Are you rescheduling from a previously missed workshop? Yes No

Have you previously received a Home-Delivered Confidence Kit? Yes No

Are you a health professional registering to observe a workshop? Yes No

First Name: Surname:

Email:

We would appreciate you providing an email address so that we can communicate with you via email. This will greatly assist our efforts to minimise the costs of administering our program.

How do you identify? Male Female Other

Postal Address:

Suburb: State: Postcode:

Home Ph: Mobile:

Date Of Birth:

Have you experienced hair loss? Yes No Not Yet Not Applicable

Type of cancer you're being treated for:

Are you of Aboriginal and/or Torres Strait Islander origin?: Yes No

How did you hear about LGFB?:

Would you like to receive communication from LGFB in the future?: Yes No

Have you filled out this form on behalf of someone else?: Yes No

If yes; Full Name:

Contact Number: Relationship: