



look good **feel better**

FACING CANCER WITH CONFIDENCE

# WORKSHOP REGISTRATION FORM

YOU CAN COMPLETE THIS REGISTRATION FORM ONLINE AT [LGFB.ORG.AU/WORKSHOP](http://LGFB.ORG.AU/WORKSHOP)

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

**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 in our efforts to minimise the costs of administrating our program.

Postal address.....

Suburb..... State..... Postcode.....

Home phone (.....)..... Mobile phone .....

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 to participant.....

EMAIL [info@lgfb.org.au](mailto:info@lgfb.org.au)  
FAX 02 8569 1829  
PHONE 1800 650 960  
POST A1/35-39 Bourke Rd, Alexandria NSW 2015

You will receive confirmation from the LGFB team once your registration has been processed