



WORKSHOP REGISTRATION FORM

PLEASE REGISTER ONLINE AT LGFB.ORG.AU
OR RETURN THE COMPLETED FORM TO
LGFB 10 DAYS PRIOR TO WORKSHOP DATE

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
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.....

Skin tone Fair Medium Dark

Skin type Dry Normal Oily Combination

Have you experienced hair loss? Yes No Not yet Not applicable

Have you experienced brow loss? Yes No Not yet Not applicable

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.....

How did you hear about LGFB?.....