



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 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
- Typical hair colour Brown Blonde Black Red Grey White
- Length you usually wear your hair Short Medium Long
- Type of hair Curly Wavy Straight

If you would like a friend or relative to accompany you as a support person, please provide their name:
.....

Please note your support person is there to observe the workshop only.

- 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?.....