



look good **feel better**

FACING CANCER WITH CONFIDENCE

WORKSHOP REGISTRATION FORM

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

For Virtual Workshops:

Preferred Virtual Workshop type Skincare and Make-Up Wigs and Headwear
Workshop date Workshop time

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 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

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
FAX 02 8569 1829
POST 22/30 Maddox Street, Alexandria NSW 2015

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