



# 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 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: .....