

Request for Speaker:



The Palliative Care Council of
South Australia Inc

Contact Details:

Name of organization:.....
Contact Name:..... Date:.....
Address:.....
Tel No:..... Mobile:

Fax No.:.....Email:.....

Presentation Details:

Topic requested:.....
Style of presentation: Didactic teaching Workshop Interactive Panel
Day/date:..... Time:.....
Length of Talk:..... Approx No. of Attendees:

Details of Group (ie.Rotary, workplace, volunteer group)
.....

**A fee of \$200 per session applies to work sites – FOC for volunteers, service clubs etc.*

Venue Details:

Name & Address of Venue:

Note: If your venue is difficult to locate, please enclose a map with directions.

Tel No: (if available).....

Do you have any of the following available?

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| • overhead projector | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • projection screen | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • TV & video | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • data projector (for PowerPoint) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What version of PowerPoint do you have?.....

Is car parking available? Yes No

Please return this form to:

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EASTWOOD SA 5065
Tel: (08) 8291 4137 Fax: (08) 8291 4122
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