

Office of the Public Advocate

An independent statutory office accountable to the South Australian Parliament

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Request for Information Session

Day / Dates Reques	sted:				
Suggested Time(s)	:				
Duration:					
Name Of Group:					
Contact Person					
Telephone:			Fax:		
E-mail:					
Venue Address:					
Audience Type: (eg nurses; carers, social workers, medical practitioners)					
Expected number of participants:					
Level Required: (basic, medium, advanced)					
Discussion Topic(s)					
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How did you hear about our information session?					
Is there facilities to use USB Stick/Pen/Flash Drive:				Yes □	No □
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Please return this form to our e-mail, fax or postal address