Palliative Care Grant Recipients’ Forum

**7-8 April 2016 | Vibe Hotel, Canberra Airport**

**Participant Information Form**

Please return your completed form via email to [lauren@palliativecare.org.au](mailto:lauren@palliativecare.org.au)

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| --- | --- | --- | --- | --- |
| **Full name** |  | | | |
| **Position** |  | | | |
| **Organisation** |  | | | |
| **Mobile number** |  | | | |
| **Project** | Click to choose your project. | | | |
|  | | | | |
| **Travel details** | If you are travelling to Canberra, please list your flight details: | | | |
| **Flight to Canberra:** | | | |
| Flight number |  | Landing time |  |
| **Departure flight:** | | | |
| Flight number |  | Departure time |  |
|  | | | | |
| **Forum** | I will be attending the forum on both days ORIf not attending both days, please specify your hours of attendance: | | | |
| **Dinner** | I will be attending dinner on Thursday 7 April 2016 OR I will not be attending dinner Thursday 7 April 2016.  *Dinner is at the Vibe Hotel, Canberra Airport and is included in the forum package.* | | | |
| **Dietary requirements** | Please list any dietary requirements: | | | |
| **Accommodation** | I require accommodation. *Accommodation is at the Vibe Hotel, Canberra Airport and will be provided only for those travelling to the ACT on for one night on Thursday, 7 April 2016.*  I do not require accommodation. | | | |
| **Other special requirements** | Please list any other special requirements: | | | |