



Free Asbestos Awareness Workshop Request Form

Name of Organisation:.....

Postal Address:.....

Phone:.....Email:.....

Contact Person:.....

Preferred date and time:.....

Alternative date and time:.....

Approximate number of people expected to be
attending the Workshop:.....

Please complete and return form to:

Asbestos Victims Association (SA) Inc,
PO Box 4066, Elizabeth South. SA 5112

Office use – action:.....