**EVENT DETAILS SHEET**

Please complete and return to [Lhi.Teiwimate@nzqa.govt.nz](mailto:Lhi.Teiwimate@nzqa.govt.nz) at least **two weeks prior** to the workshop.

|  |  |  |
| --- | --- | --- |
| **Workshop Date** |  | |
| **Workshop Time** |  | |
| **Venue** |  | |
| **Physical Address** |  | |
| **Host Group** |  | |
| **Host Contact** | **Name**: |  |
| **Email**: |  |
| **Mobile:** |  |
| **Landline:** |  |
| **Champion Contact** | **Name**: |  |
| **Email**: |  |
| **Mobile:** |  |
| **Landline:** |  |
| **Number of Attendees** |  | |
| **Delivery Address for Resources**  **MUST BE PHYSICAL ADDRESS** |  | |
| **Additional information** |  | |