**EVENT DETAILS SHEET**

Please complete and return to 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** |  |