Epilepsy Queensland is coming to the Cairns and extends an invitation to Teachers, School Leadership Teams, Health and Safety Advisors/Representatives, Allied Health Professionals and Nurses to attend a workshop on ‘Epilepsy in Schools’, an Education Session on Epilepsy.

**Details:**
- **When:** Friday 24 July 2015
  12:00 to 3:00 pm
  (Registration from 11:30 am)
- **Where:** DETE Far North Queensland Regional Office
  Conference Room (Level 2)
  10-12 McLeod Street
  Cairns
- **Cost:** $80 (includes lunch on arrival)
  Cost is GST inclusive

**Topics Covered:**
- Introduction to epilepsy
- Recognising the types of seizures
- Seizure management
- Risk management
- First Aid
- Intranasal and Buccal Midazolam administration
- Epilepsy and learning

**Presented by:**
Yvette McMurtrie
*(Education and Client Service Officer)*
Certificate of Attendance available

**Register before 27 March 2015**
As there are limited places for the training session and the session will not go ahead unless sufficient numbers are reached - MAXIMUM 30 ATTENDEES

**BOOKINGS ARE ESSENTIAL**
Please complete and return the registration form overleaf.
REGISTRATION FORM
CAIRNS

» PLEASE RETURN THE COMPLETED FORM TO -
Epilepsy Queensland Inc
PO Box 1457
COORPAROO BC QLD 4151
P 1300 852 853 (outside Brisbane) Or 07 3435 5000
F 07 3435 5025
E services@epilepsyqueensland.com.au

» PERSONAL DETAILS

Organisation (if applicable): ________________________________________________

Position held (if applicable): ______________________________________________

Name: _________________________________________________________________

Address: __________________________________________________________________

__________________________________________________________________________ Postcode: __________

Telephone: __________________________ Fax: __________________________

Email: _____________________________________________________

How did you find out about the workshop? __________________________________

Would you like to be added to our database to continue to receive information about epilepsy and future workshops? YES / NO (please circle)

» PAYMENT DETAILS

☐ Please invoice my place of work (I have listed my work address above) OR

☐ Please find enclosed payment of $80 Total Payable $ ________________

(Prices inclusive of GST)

» METHOD OF PAYMENT

☐ Cheque ☐ Money Order ☐ Credit Card

☐ Please debit my: ☐ Visa ☐ Mastercard

Card Number: ___________________________ Expiry Date: ___________________________

Cardholder's Name: ___________________________ Signature: ___________________________

OFFICE USE ONLY

EQI Member: ☐ Yes ☐ No Donman #: ___________________________ Date entered ___________________________

Invoice number: ___________________________ Date Paid: ___________________________ Initials: ___________________________