**Video Conference Registration Form**

**Please email this page to:** [**HSNSW-EAPVisits@health.nsw.gov.au**](file:///\\hss-fileSrv\ENSW\Group%20Shares\4_Projects\Prescriber%20Engagement%202014-2016\Prescriber%20education%20and%20training\EAP%20Presentations_Briefs\Regional%20and%20Rural%20Training%202015\Transfer%20Aids_Video%20Conference\HSNSW-EAPVisits@health.nsw.gov.au)

|  |  |
| --- | --- |
| **Session Name:** |  |
| **Date and time:** |  |
| **Location/Health Service:­­­­­­­­­­­** |  |
| **Video Conference Alias:**  If unsure of this number please contact HealthTech Support on 02 8644 2577 to confirm |  |
| **Contact Person:** |  |
| **Contact Number:** |  |
| **Email:** |  |
| **Alternate Contact Person:** |  |
| **Contact Number:** |  |
| **Email:** |  |
| **Mobile/Phone number of Video Conference room:** |  |
| **LIST OF ATTENDEES AT THIS SITE** | |
| **Name** | **Email address** |
| 1. <Name> | <email> |
| 1. <Name> | <email> |
| 1. <Name> | <email> |
| 1. <Name> | <email> |
| 1. <Name> | <email> |
| 1. <Name> | <email> |