

	Fleurieu Regional Waste Authority (FRWA) REQUEST FOR INFORMATION SESSION, PRESENTATION, WORKSHOP	Form No: FRM-Pol_0021
		Version No: 1.0
		Issued: Mar 2013

Suggested Date(s) of Session	Suggested Time(s) of session and Expected Duration

Contact Person Name & Numbers	
Organisation's Name and Address	
Postal Address (if different)	

Group Description (e.g. Year 2, Council, Probus group, TAFE, etc)		Number(s) expected			
Equipment Available (please tick if available)	Interactive White Board	White wall or screen	Tables and chairs	Power	Speaker system
Session Title (please select as many as you wish as appropriate)	<i>The Kerbside Bin System</i>				
	<i>Organics Recycling</i>				
	<i>Tricky waste and what to do with it</i>				
	Other – please detail				

SIGNATURE **DATE**

Please complete and return form either electronically to admin@frwa.com.au or by post to FRWA, PO Box 2375, Goolwa SA 5214

.....
OFFICE USE ONLY

Booking received by: _____ Date: _____

Booking confirmed by: _____ Date: _____

Confirmed booking date and time: _____