



Epilepsy Queensland is coming to

KINGAROY

Understanding Epilepsy & Administration of Midazolam Workshop

EPILEPSY QUEENSLAND is coming to Kingaroy and extends an invitation to **People with Epilepsy and their Families, Disability Support Workers, Child Care Workers, Teachers, Nurses and Medical or Allied Health Professionals** to attend a workshop on 'Understanding Epilepsy', an Education Session on Epilepsy and Emergency Management and administration of Midazolam.

Details:

When: Wednesday 27 May 2015
11:00 am to 3:30 pm
(Registration from 10:30 am)

Where: South Burnett Enterprise Centre
6 Cornish Street
Kingaroy

Cost: \$60 or \$20 for EQI Individual Members *(GST inclusive)*
Cost includes refreshments

Topics Covered:

- Introduction to epilepsy
- Recognising the types of seizures
- Seizure management
- Minimising triggers
- First Aid
- Intranasal & Buccal Midazolam administration
- Status/SUDEP

Presented by:

Charlene Mundy
(Education and Client Service Officer)
Certificate of Attendance available

Register Today!

As there are limited places for the training session

**** BOOKINGS ARE ESSENTIAL ****

Please complete and return the registration form overleaf



REGISTRATION FORM KINGAROO

» 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 \$60 **Total Payable \$** _____

Please find enclosed payment of \$20. My membership number is _____ (*please call EQI if unsure*)
(*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 _____