



Expression of Interest

Mrs/Ms/Mr First Name(s) _____ Surname _____

Position in Organisation _____

Organisation _____ NSWFHA Member: Y / N

Postal Address _____

Postcode _____

Telephone: _____ Fax: _____

Email: _____

Today's Date: _____

I am interested in:

Name of training session	Delivery mode	Date of delivery (if known)

Please send your EOI to Estelle Lohman:
email: estelle@communityhousing.org.au
fax: (02) 9281 7603
mail: Suite 301, 64-76 Kippax Street
 SURRY HILLS NSW 2010