

## Topics covered

- Recognising seizures types
- Minimising triggers
- First aid & emergency situations
- Intranasal and Buccal Midazolam administration

## Cost

\$80.00 - Understanding Epilepsy and Administration of Midazolam Training

\$60.00 - Understanding Epilepsy only

## Where

Ernest Brock Room,  
Roma Cultural Centre  
57 Bungil Street, Roma

Please call 07 3435 5000 or  
email  
[epilepsy@epilepsyqueensland.com.au](mailto:epilepsy@epilepsyqueensland.com.au)

'Certificate of Attendance' available  
on request

## Understanding Epilepsy and Midazolam Administration Training

### Roma training

Friday 13 March (9.30am - 12.30pm)

### Epilepsy meet-up

Meet and socialise with other people living with epilepsy or have a meal and a chat with other parents or carers. Have your say on how you would like to connect with others in your area and help shape epilepsy supports and awareness campaigns.

Friday 13 March (6.00pm - 8.00pm)  
Garden Bar, Royal on Ninety-Nine  
99 McDowall St, Roma

### **BOOKINGS ARE ESSENTIAL**

Please complete and return the registration form overleaf.

Presented by Epilepsy Queensland



# Epilepsy Queensland

## 2020 Roma Registration Form

### » PLEASE RETURN THE COMPLETED FORM TO -

Epilepsy Queensland Inc  
PO Box 1457  
COORPAROO BC QLD 4151

P 07 3435 5000  
F 07 3435 5025  
E [services@epilepsyqueensland.com.au](mailto:services@epilepsyqueensland.com.au)

### » PERSONAL DETAILS

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of employment (include address if paying by invoice): \_\_\_\_\_  
\_\_\_\_\_

Please tick: ☐ Understanding Epilepsy + Administration of Midazolam Training - \$80.00

☐ Understanding Epilepsy only - \$60.00

Any special requirements/requests for inclusion in the training session: \_\_\_\_\_

### » PAYMENT DETAILS

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

☐ Please find enclosed payment or each attendee **Total Payable \$** \_\_\_\_\_

☐ I am an Epilepsy Queensland financial member (complimentary registration)

### » METHOD OF PAYMENT

☐ Cheque ☐ Money Order ☐ Credit Card

Please debit my: ☐ Visa ☐ Mastercard \*2% processing fee will be charged to all card payments

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Session

☐ Friday training ☐ Friday meet-up ☐ Saturday Purple Day stall (volunteering)

#### OFFICE USE ONLY

EPI Member: ☐ Yes ☐ No

Donman # \_\_\_\_\_ Date entered \_\_\_\_\_

Invoice number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials \_\_\_\_\_