



Registration Form					
Let's Talk Cancer Event					
Fill out the form to register your LTC Event					
				Date:	/ /
Host Details					
Name of Host:					
Name of Company/Group/Community:					
Contact Details					
Telephone:		Email:			
Mobile Phone:		Secondary Contact:			
Let's Talk Cancer Event Details					
	Date:		Time:		
Event Setting	Community Event* <input type="checkbox"/>	Workplace Event <input type="checkbox"/>	Virtual Event <input type="checkbox"/>	Hybrid Event <input type="checkbox"/>	('Hybrid' implies both physical and virtual)
Location Description/Address:					
Expected Number of Guests					
Name of Campaign/Observance Day					(if applicable)
LTC Host Pack will include					
LTC Event Resource Booklet		Daffodil Merchandise			
Cancer education & awareness material		Social Media plug (Facebook, LinkedIn)			
Payment					
Do you require an Invoice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If 'Yes', provide contact person details	Name				
	Email of contact				
Select method of payment	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>		
Account Details	Account Name	Papua New Guinea Cancer Foundation			
	Account Number	1013589351			
	Bank	Bank of South Pacific			
	Branch	Port Moresby			
PNGCF OFFICE USE	Reg#:		Date:		
	Payment Details:				