



**Tu Kotahi Maori Asthma Trust**  
Assisting whanau with management of their asthma

**Tu Kotahi Maori Asthma Society**  
**Introductory Course**  
**Te Ha Ora Training Program**

## **Registration of Interest Form**

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Participant(s) details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

There is no charge for the training, morning tea, lunch and dinner are provided. However, participants are expected to find their own way to the venue and organise own accommodation if necessary. Please return registration form to:

**Cheryl Davies**  
**Maori Asthma Manager**  
**Tu Kotahi Maori Asthma Trust**  
**7 – 9 Barnes Street**  
**Seaview**  
**Lower Hutt 5010**

**Email: [cheryl.tukotahi@kokiri-hauora.org.nz](mailto:cheryl.tukotahi@kokiri-hauora.org.nz)**