



Inservice Booking Form

To book an ECTARC Inservice Workshop please complete this form and fax to (02) 4223 1160. An ECTARC Training Officer will be in contact with you to discuss dates, times and further details. For further information please call 02 4223 1111 or email info@ectarc.com.au Please note: lodgement of this form does not represent an agreement by ECTARC to provide the inservice.

Contact Name:.....

Service/Organisation:

Address:..... State:..... P/Code:

Phone:..... Fax:..... Email:.....

Title of inservice:

Duration: FULL DAY HALF DAY 2 HOUR OTHER:.....

Preferred time: WEEKDAY SATURDAY EVENING DETAILS:.....

Your preferred dates for the workshop: Preference 1) ___/___/___ Preference 2) ___/___/___

Desired outcomes/topics you would like covered in this inservice:

.....
.....

INSERVICE CONFIRMATION

This part of the form will be completed by an ECTARC Training Officer and returned to the contact person to obtain their signed approval.

Costs:	In-service: \$ _____	GST: \$ _____	Total: \$ _____
	Travel: \$ _____	GST: \$ _____	Total: \$ _____
	Accommodation: \$ _____	GST: \$ _____	Total: \$ _____
	Equipment Hire: \$ _____	GST: \$ _____	Total: \$ _____

GRAND TOTAL (inclusive of GST): \$ _____

Agreed date of inservice: ___/___/___ Agreed start time:..... Number of participants:.....

Location of inservice:.....

Is there parking available: Yes No Please provide details.....

Will the service provide refreshments or meals for the presenter? Yes No

Equipment required at venue: TV/Video Screen Other

CLIENT AGREEMENT

I would like to book the above inservice and agree to pay the total cost as written above. I agree to give five (5) days notice prior to the inservice if cancellation is required. If less than five (5) days notice is given I agree to pay a cancellation fee of 20% of the total cost. I understand that payment is required prior to the date of the inservice workshop. If additional participants attend, above the number already paid for, I am required to provide payment for these people on the day of the workshop.

Name:..... Signature:.....

Office use only:

- INSERVICE PRESENTER: _____
- INSERVICE APPROVED BY MANAGER/T&A COORDINATOR: Sign: _____ Date: ___/___/___
- PAYMENT RECEIVED FOR WORKSHOP Sign: _____ Date: ___/___/___
- PRESENTER CONFIRMED WORKSHOP WITH CLIENT Sign: _____ Date: ___/___/___