

ECTARC QLD Inservice Booking Form

To book an ECTARC Inservice Workshop please complete this form and fax to (07) 3345 3739. ECTARC Training Coordinator will be in contact with you to discuss dates, times and further details. For further information please call Sue Bond on 07 3345 8272 or email qld.ectarc@bigpond.com

Please note: Lodgement of this form does not represent an agreement by ECTARC to provide the in-service.

Contact Name:.....Mobile.....
Service/Organisation:
Address:.....State: QLD...P/Code:
Phone:.....Fax:.....Email:.....
Title of inservice:
Duration: FULL DAY ___ HALF DAY ___ 2 HOUR ___ OTHER:.....
Preferred time: WEEKDAY ___ SATURDAY ___ EVENING ___ Times:.....
Your preferred dates for the workshop: Preference 1) _____ Preference 2) _____
Number of participants:..... Desired outcomes/topics you would like covered in this inservice

Do any participants have special dietary needs? Yes / No If so, what are these?
.....
Do any participants have any special physical or learning needs? Yes / No If so, what are these?
.....

INSERVICE CONFIRMATION

This part of the form will be completed by ECTARC 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 time: Total participants:.....
Location of inservice:.....
Equipment required at venue: TV/Video Screen Other.....

CLIENT AGREEMENT

I would like to book the above in-service and agree to pay the total cost as written above. I agree to give five (5) days notice prior to the in-service 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 in-service. 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 & COORDINATOR: _____	Sign: _____ Date: __/__/__
➤ PAYMENT RECEIVED FOR WORKSHOP	Sign: _____ Date: __/__/__
➤ PRESENTER CONFIRMED WORKSHOP WITH CLIENT	Sign: _____ Date: __/__/__