

# **iDECIDE** **SCHOOLS TOUR**

## **IDEcide TOUR BOOKING FORM**

Thank you for expressing interest in holding the **IDEcide SCHOOLS TOUR** in your school. Please fill out the form below with your details and your seminar preferences. It will assist us in working together with you to provide an excellent seminar at your school. Once completed could you please email a copy of this booking form to: [info@iseecare.com.au](mailto:info@iseecare.com.au)

For more information regarding iSEE CARE, please visit our website  
[www.iseecare.com.au](http://www.iseecare.com.au)

## SCHOOL DETAILS

NAME OF SCHOOL:

TOWN/CITY

Contact Person:

Contact Details:

Mobile:

Telephone:

Email :

School Address:

## THE iDECIDE SEMINAR DETAILS

Please tick which presenter you would like to speak to in your school.

REGGIE DABBS

Please tick which region you belong to for the iDECIDE seminar?

- North Brisbane - Monday May 29
- West Brisbane – Tuesday May 30
- Brisbane City– Wednesday May 31
- South Brisbane – Thursday June 1
- East Brisbane– Friday June 2

What is your preferred time for the iDECIDE seminar?

*(please specify your 2 best times)*

- Morning 8 – 8:45am
- Morning 9 – 9:45am
- Mid morning 10 – 10:45am
- Mid morning 11- 11:45am

- Midday 12 – 12:45pm
- Mid Afternoon 1-1:45pm
- Mid Afternoon 2 – 2:45pm
- Afternoon 3 – 3:45pm

**Please indicate the preferred length of your iDECIDE seminar?**

*(Seminars are usually 45mins, if you have a different preferred length, please specify)*

\_\_\_\_\_

**What will the target audience for your iDECIDE seminar be? (please tick):**

- Whole school assembly
- Specific year level(s) *(if so please specify which year level)* \_\_\_\_\_
- Numbers of students attending *(please specify)* \_\_\_\_\_

**Which venue in the school will be made available for the iDECIDE seminar & is there access to power?**

*(please specify)* \_\_\_\_\_

# BILLING DETAILS

Who do we make the invoice out to?

Email address for invoice:

Contact details for financial administrator of the individual/ school/ organization funding THE IDECIDE seminar:

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

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

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

# AGREEMENT

I agree on the price of **\$550 inc GST** for a school seminar conducted by **iSEE CARE** on the date of \_\_\_\_\_, and agree that this account will be settled within 30 days. I agree to the terms of this letter and to the best of my knowledge all of the above details are correct.

Name:.....

Signature: .....

Date:\_\_\_\_\_

If you have any queries or questions, please do not hesitate to contact us on 1300 775 503 or email [info@iseecare.com.au](mailto:info@iseecare.com.au)

We are looking forward to visiting your school.

Kind Regards,

**The iSEE CARE Team**