

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

An initiative of

iSEECARE

## **iDECIDE SEMINAR BOOKING FORM 2020**

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 scan and email 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:**

**CONTACT PERSON:**

**MOBILE:**

**TELEPHONE:**

**EMAIL:**

**SCHOOL ADDRESS:**

## THE iDECIDE SEMINAR DETAILS

**2020 Speaker: Reggie Dabbs**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Monday 25 May – Brisbane North<br><input type="checkbox"/> Tuesday 26 May – Brisbane West<br><input type="checkbox"/> Wednesday 27 May – Gold Coast<br><input type="checkbox"/> Thursday 28 May – Brisbane South<br><input type="checkbox"/> Friday 29 May – Brisbane City | <input type="checkbox"/> Monday 1 - Adelaide, SA<br><input type="checkbox"/> Tuesday 2 - Adelaide, SA<br><input type="checkbox"/> Wednesday 3 - Launceston, TAS<br><input type="checkbox"/> Thursday 4 - Townsville, QLD<br><input type="checkbox"/> Friday 5 - Townsville, QLD |
|---|---|

**Please indicate your preferred time for the iDECIDE seminar? \*** \_\_\_\_\_

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

*(if less than the 45mins)* \_\_\_\_\_

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

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

**Please indicate the approximate numbers of students attending** \_\_\_\_\_

**Which venue in the school will be made available for the iDECIDE seminar (please specify)**

\_\_\_\_\_

\*Please contact our team on 1300 775 503 or [info@iseecare.com.au](mailto:info@iseecare.com.au) if you would like to discuss available days / times for seminars in your region.

<b>BILLING DETAILS</b>	
<b>Make the invoice to:</b>	
<b>Email address for invoice:</b>	
<b>Contact details for our financial administrator of the individual/school/organisation funding the iDECIDE Seminar.</b>	
<b>Name:</b>	
<b>Mobile:</b>	
<b>Telephone:</b>	
<b>Address:</b>	
<b>Email:</b>	

## AGREEMENT

I agree on the price of **\$550 inc GST** for a school seminar conducted by **Reggie Dabbs** 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**

**info@iseecare.com.au | 1300 775 503**