

Cancer Education Workplace Program Booking Form



Contact details

Organisation name _____

Industry type _____

Contact name _____

Position _____

Street address _____

Suburb _____

Postcode _____

Phone _____

Fax _____

Email _____

Session type

Discounts apply when 3 or more sessions are booked on any combination of topics

Men's – \$350

Preferred dates: _____

Preferred times: _____

Women's – \$350

Preferred dates: _____

Preferred times: _____

Cut Your Cancer Risk – \$350

Preferred dates: _____

Preferred times: _____

Audience description (e.g. office workers, outdoor workers, construction workers) _____

Expected no. of participants (recommended size 15–25) _____

Venue description (e.g. lunch room, boardroom, seminar room) _____

Venue address (if different from above) _____

Are you able to provide any of the following for use at the presentation?

overhead projector

data projector & laptop computer

screen

P.T.O.

Workplace profile

What are the main reasons for conducting the session?

Has your organisation had a Cancer Council presentation before? Yes No

If yes, please give details

How did you find out about the Workplace Health Sessions?

Mailout Flyer Phone call Article Advertisement Web

Other _____

How do you wish to pay for your session?

(Each session is \$350, GST exempt)

Company purchase order

Purchase order no. _____

Cheque (made payable to Cancer Council Victoria)

Credit Card

Name on the card _____

Signature of cardholder _____

Type of card

Visa Mastercard Amex

Expiry _____/_____

Please return your completed booking form, with your purchase order, cheque or credit card details to:

Workplace Education Program
Cancer Prevention Centre
Cancer Council Victoria
1 Rathdowne Street, Carlton, Vic 3053
Ph 03 9635 5363 Fax 03 9635 5360

