

## Education session/Event representative Request Form

Cancer Council WA Cancer Prevention and Research Division Level 1, 420 Bagot Road Subiaco WA 6008

P: (08) 9388 4301 E: education@cancerwa.asn.au

| Section A: Reques    | t informati | on          |   |             |            |           |  |
|----------------------|-------------|-------------|---|-------------|------------|-----------|--|
| Organisation         |             |             |   |             |            |           |  |
| Dates/times          | Option 1    | Day:        |   | Date:       |            |           | Time:  |
|                      | Option 2    | Day:        |   | Date:       |            |           | Time:  |
| Request type         | Educa       | ition sessi | ion   |             |            |           |  |
|                      | Fundr       | aising eve  | ent representative  |             |            |           |  |
|                      | Comb        | ination     |   |             |            |           |  |
| Organisation type    | Comm        | nunity      | Workplace   |             | Education  |           |  |
|                      | Childo      | care        | Primary   |             | Secondary  |           | Tertiary   |
|                      | Other       | :           |   |             |            |           |  |
|                      | Communit    | ty group "  | <b>ot related to a fun</b><br>no cost" - donatio<br>terprise costs will | n suggested | nt:        |           |  |
| Section B: Educati   | on session  |             |   |             |            |           |  |
| Торіс:               |             |             |   |             |            |           |  |
| Length of talk (30 r | mins)       | Reason f    | or request:   |             |            |           |  |
| Have you had a Ca    | ncer Counci | il educatio | on session before?  | уе          | S          | no        |  |
| How did you find ou  | ut about ou | r educatio  | on session services   | ? we        | ebsite     | word of   | mouth  |
| just thought t       | o call      | sent        | information   | ot          | her        |           |  |
| Section C: Fundrai   | sing event  | represen    | tative  |             |            |           |  |
| Event                | Australia   | s Biggest   | Morning Tea   | Daffodil    | Day        | Pink Rit  | bon Day  |
|                      |             |             |   | Other       |            |           |  |
| Requirements of sp   | eaker:      |             |   |             | Es         | timated   | time:  |
| Background inform    | nation :    |             |   |             |            |           |  |
| Section D: Other in  | mportant iı | nformatio   | on  |             |            |           |  |
| Venue address:       |             |             |   |             |            |           | Construction site  |
|                      |             |             |   |             |            |           | Safety gear required<br>(safety gear cannot be<br>provided by speaker) |
| Parking available    | Yes         | No          | Parking direction   | S           |            | · · · · · |  |
| Estimated audienc    | e number    |             | Age/s   |             | Gender     | male      | female   |
| Equipment            | Р           | rovided b   | y Venue   | Provid      | ed by CCWA |           | Not required   |
| Data projector       |             |             |   |             |            |           |  |
| Laptop               |             |             |   |             |            |           |  |
| Screen or wall       |             |             |   |             |            |           |  |
| Contact person:      |             |             |   |             | Job Title: | i         |  |
| Mailing address:     | C           |             | dress above   | Other:      |            |           |  |
|                      | Same as     | venue uu    | diess above   |             |            |           |  |
| Phone:               | Same as     |             | Mobile:   |             | Fax:       |           |  |
| Phone:<br>Email:     | Same as     |             |   |             | Fax:       |           |  |

Thank you for your enquiry. We will contact you to confirm the availability of a speaker and any associated costs. Please note: While we appreciate your generosity, Cancer Council staff are unable to accept gifts after presentations.

|   |              |                |          | Tax Invoice     |              |            |
|---|--------------|----------------|----------|-----------------|--------------|------------|
| Payment Details                         |              |                |          |                 |              |            |
|   | losed and    | made payable   | e to Ca  | ncer Council WA |              |            |
| Invoice requested Purchase Order Number |              |                |          |                 |              |            |
| Credit card (pl                         | lease tick)  | Visa           |          | Mastercard      |              |            |
|   |              |                |          |                 | Expiry:      |            |
| Name of card                            | holder:      |                |          |                 |              |            |
| Cardholder sig                          | gnature:     |                |          |                 |              |            |
| Total cost:                             |              |                |          |                 |              |            |
| Action (office use or                   | alv)         |                |          |                 |              |            |
| Nominated speaker                       |              |                |          |                 |              | Meeting ID |
| Session date/time                       |              |                |          |                 |              | Company ID |
| Costs:                                  | Session      |                | Trav     | el              | Brochures    | Person ID  |
|   | Total Cos    | t              |          |                 |              | Order ID   |
| Action                                  | 1            |                |          |                 | Completed by | Date       |
| Speaker request                         |              |                |          |                 |              |            |
| Confirmation phone                      | call or em   | ail            |          |                 |              |            |
| Talk entered in sprea                   | ldsheet      |                |          |                 |              |            |
| Equipment booked:                       |              |                |          |                 |              |            |
| Laptop 1 Laptop 2                       |              |                |          |                 |              |            |
| Projector 1 Projector 2                 |              |                |          |                 |              |            |
| Large portable                          | screen       | Smo            | all port | table screen    |              |            |
| Other                                   |              |                |          |                 |              |            |
| Car booked:                             |              |                |          |                 |              |            |
| Corolla A                               | scent        | Ford Mond      | eo       | Hyundai i130    |              |            |
| Confirmation letter/                    | invoice ser  | nt to organisa | tion     |                 |              |            |
| Confirmation details                    | s given to s | peaker         |          |                 |              |            |
| Meeting created in A                    | optify       |                |          |                 |              |            |



Meeting ordered in Apitfy

Resources added to order Meeting shipped in Aptify Invoice sent to organisation

Number of attendees updated