

WORKSHOP BOOKING FORM



Literacy
Innovators

Please indicate how many staff and when/where you wish to attend

___ AVAILLL \$150	Date: <input type="text"/>	Location: <input type="text"/>
___ SevenPlus \$235	Date: <input type="text"/>	Location: <input type="text"/>
___ FivePlus \$150	Date: <input type="text"/>	Location: <input type="text"/>
___ WordLab Free	Date: <input type="text"/>	Location: <input type="text"/>

REGISTRATION Please state the names of those attending and detail any special requests.

NAME	EMAIL	Special dietary requirements

CONTACT DETAILS

School/Name	<input type="text"/>
Position	<input type="text"/>
Address	<input type="text"/>
City & Postcode	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Office email	<input type="text"/>

PAYMENT METHOD (PRICES EXCLUDE GST)

We wish to pay by: Cheque Invoice Direct Debit

AMOUNT: **GST:** **TOTAL:**

PLEASE EMAIL OR POST COMPLETED ORDER FORM TO:

EMAIL: info@literacyinnovators.co.nz **POST:** Literacy Innovators, PO Box 64, Waikanae 5250

Any queries concerning your booking please call or email Chuck Marriott: 027 755 4772