

SUNSMART OUTDOOR WORKPLACE BOOKING FORM



Please return to Cancer Council ACT. 5 Richmond Ave FAIRBAIRN ACT 2609 or Fax to 6257 5055. You can contact us on 6257 9999

contact details:

Organisation.....
ABN number.....
Industry type.....
Contact name.....
Position.....
Postal address.....postcode.....
Phone.....
Email.....

session details:

Preferred date (s) for presentation _____ or _____

Location of presentation _____

Preferred session time _____

No. of participants (rec max 30) _____

Venue description (eg lunch room, boardroom, seminar room). _____

Audience description (eg construction, telecommunication, office workers). _____

session equipment:

The SunSmart presenter will require a data projector and laptop for the presentation. Are you able to provide?

Data projector yes no
Laptop computer yes no
Will the presenter have access to USB ports? yes no

Workplace profile:

Name of person in charge of OH&S within organisation.....

Name of OH&S officer attending this session.....

Does your workplace have a sun protection policy for outdoor employees?

- yes (please attach a copy) no

Are there any particular issues relating to sun protection in the workplace that you would like the session to address?

Has your organisation had a Sunsmart presentation before?

- yes (provide details) no

How did you find out about our workplace sessions?

- Our website Helpline Contacted Cancer Council Brochure Other.....
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payment:

A standard 1 hour Sunsmart Outdoor Workplace session is \$350.00.

2 standard sessions \$640.00

3 standard sessions \$900.00

4 standard sessions \$1100.00

**All sessions will include question time and hand outs for participants. The organisation will also receive a SunSmart Information pack, posters and a certificate of acknowledgement.*

Discounts may apply also for community and not for profit organisations.

**An invoice will be sent out after the session.*

I hereby agree to give Cancer Council ACT two (2) days notice for cancellation of any bookings and understand the full amount of the session/s will be payable if such notice is not received.

Signature..... Name (please print)..... Date.....

www.actcancer.org

