

WORKSHOP

# ENQUIRY FORM



Name \_\_\_\_\_

Job Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_

Company \_\_\_\_\_

ABN \_\_\_\_\_ PO # \_\_\_\_\_

Company Address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

Town \_\_\_\_\_ Postcode \_\_\_\_\_ State \_\_\_\_\_

Date of booking \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of booking \_\_\_\_\_

Number of Attendees \_\_\_\_\_

Is there AV equipment available for use on site? \_\_\_\_\_

Is there power available on site? \_\_\_\_\_

**Please return your completed form to:**

- your DSO representative or employer, or
- email to: [admin@dangersunoverhead.org.au](mailto:admin@dangersunoverhead.org.au), or
- post to: **DSO c/o The Karlee Adams Foundation ABN 24 849 963 427**

PO Box 668 Rochedale South QLD 4123

