

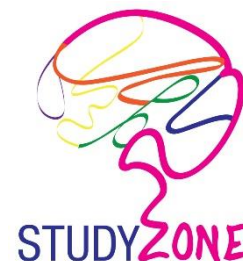
Study Zone

VCE Study Skills Program – Booking & Inquiry Form

Please complete this form and return to:

Study Zone

A: P.O. Box 16125 Collins Street West, Melbourne VIC 8007
E: admin@studyzone.com.au
T: 8678 2941
F: 9663 3939



School Details:

School Name: _____

Address: _____

Postcode: _____ State: _____ Telephone: _____

Contact Details:

First Name: _____ Surname: _____

Position: _____ Email: _____

Student Details:

Year Level(s): _____ Approximate Number of Students: _____

Session Details:

Date: _____ Approximate Start Time: _____ Approximate End Time: _____

Session(s) of Interest:

Choose from our popular titles or customise a program specific to your student needs.

Option 1: Popular Titles

| ✓ | Topic |
|---|---|
| | Effective Learning & Revision Strategies |
| | Exam Chess & Other Examination Strategies |
| | Memory & Concentration Strategies |
| | Motivation & Procrastination |
| | Preparing Effective Exam Study Timetables |

| ✓ | Topic |
|---|---|
| | Preparing for Tests & Exams |
| | Stress Management |
| | The Biochemistry of Success |
| | The Smart Way to Work Through Past Examination Papers |
| | Time Management & Productivity |

Option 2: Customised Programs

Please indicate which topics you're interested in and how much time you would like dedicated to each topic.

Program is to include the following topics:

| ✓ | Topic | Approximate Time |
|---|-------|------------------|
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Terms & Conditions:

- Schools are responsible for printing the handouts that accompany the session. Handouts will be sent to schools to copy prior to each session.
- Venue must have a large screen, data projector and microphone.
- Full payment must be made within 7 days of the delivered session(s).
Hourly fee: \$1500 + GST



Cancellations:

- Sessions cancelled within the last 72 hours will incur the full fee.
- Cancellations made 3 to 14 days prior to the scheduled session will incur 50% of the fees.
- Cancellation charges do not apply for cancellations made 15 or more days prior to the scheduled session.

Agreement:

First Name: _____ Surname: _____

Signature: _____ Date: _____

Payment Details:

Payment Amount: \$ _____ Cheque Mastercard Postal Order Visa

Purchase Order Number: _____

*The CCV is the last three digits of the number on the back of the Credit Card

| | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|------|--|--|--|-------------|--|--|
| Card Number | | | | | | | | | | | | | | | | | CCV* | | | | Expiry Date | | |
| Name on Card | | | | | | | | | | | | | | Cardholder's Signature | | | | | | | | | |