



# Advertising Booking Form

What advertising option would you like to book?

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What is/are your preferred date(s) for the Aged Care Notes Advertising / EDM?

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First Name:

Surname:

Job Title:

Company/  
Organisation:

ABN:

Address:

Landline:

Mobile:

Email:

Website:

*The person completing this document declares that he/she has read, understood & agreed to the provided Advertising Terms & Conditions Statement and acts with the knowledge & authority of the named company/organisation.*

**Once complete, please attach and email to [contact@agedandhealthcareeducation.com.au](mailto:contact@agedandhealthcareeducation.com.au)  
You will then receive confirmation of your booking and a tax invoice.**

**For initial enquiries, contact:**

Wayne Woff  
Senior Consultant - Aged + Health Care Education  
M 0422 484 209  
[wayne@agedandhealthcareeducation.com.au](mailto:wayne@agedandhealthcareeducation.com.au)

**For bookings & EDM content/design, contact:**

Charlotte Woff  
Director - Aged + Health Care Education  
M 0423 478 645  
[contact@agedandhealthcareeducation.com.au](mailto:contact@agedandhealthcareeducation.com.au)