

SCHOOL RESOURCES ORDER FORM

HUMWEBAUSINV1008

Order Form/Tax Invoice - Australian Owned and Operated

ACN: 095 985 283 / ABN: 96 095 985 283

www.humark.com



Step 1: ORDER:	Price \$AUD	Quantity	Postage	TOTAL
Bullying Prevention Kit	\$897		\$10	
Bullying Prevention Posters (set of 4)	\$87		\$10	
Bullying Prevention Screensaver	\$57		\$10	
Leadership at School & Beyond Kit Version 1: AGE: 9yrs-13yrs	\$1057		\$10	
Leadership at School & Beyond Kit Version 2: AGE: 14yrs-18yrs	\$1107		\$10	
Conflict Resolution Kit Version 1: AGE: 9yrs-13yrs	\$757		\$10	
Conflict Resolution Kit Version 2: AGE: 14yrs-18yrs	\$757		\$10	
Life Skills After School Kit	\$697		\$10	
Appreciating Diversity Kit Version 1: AGE: 9yrs-13yrs	\$597		\$10	
Appreciating Diversity Kit Version 2: AGE: 14yrs-18yrs	\$597		\$10	
Student Development Package – Primary Includes 1 each of the following Primary School Kits: Bullying Prevention, Leadership, Conflict Resolution, Appreciating Diversity.	\$2497 BONUS OFFER: includes FREE set of Bullying Prevention Posters and Screensaver		FREE until 28 November 2008	
Student Development Package – High Includes 1 each of the following High School Kits: Bullying Prevention, Life Skills After School, Leadership, Conflict Resolution, Appreciating Diversity.	\$2897 BONUS OFFER: includes FREE set of Bullying Prevention Posters and Screensaver		FREE until 28 November 2008	
Leadership Bootcamp Ticket – 2009 Early Bird: must register by 31 May 2009	\$997 per person \$597 per person		N/A	
TOTAL				AUD \$ _____

Step 2: DELIVERY & AUTHORISATION:

Name of School: _____

Postal Address: _____

Suburb: _____ State: _____ P/code: _____ Country: _____

Details of Authorising Person: Mr / Mrs / Ms / Miss / Dr / Br / Sr / Fr

First Name: _____ Surname: _____

Position of Authorising Person: _____

Signature of Authorising Person: _____ Date: ____/____/____

Ph: (____) _____ Fax: (____) _____ Email: _____

Step 3: PAYMENT METHOD: (please tick)

- Cheque** in Australian Dollars (\$AUD) only (make cheque payable to: **Humark Solutions Pty Ltd**)
- Visa** **Mastercard** **Bankcard** **AMEX** Order Date: ____/____/____
- Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Card Expiry ____/____
- Name on Card: _____
- Signature of Card Holder: _____
- E.F.T (Electronic Funds Transfer)** We will send our Bank Account Details to you.

RETURN COMPLETED FORM & PAYMENT TO: Humark Solutions Pty Ltd

Post: PO Box 1290, Kensington Vic 3031, Australia

Fax: +61 3 9376 4053

Phone: +61 3 9376 4073

Email: learn@humark.com

www.humark.com