



EDUCATION BOOKING FORM

Practice Name:

Contact Person: Position:

Street:

Suburb: Post Code:

State: Phone Number:

Email:

Education Topic(s)

- | | |
|---|--|
| <input type="checkbox"/> Patient Buying Behaviour | <input type="checkbox"/> Leading Successful Change |
| <input type="checkbox"/> Marketing for Optometry | <input type="checkbox"/> Excellence in Patient Care |
| <input type="checkbox"/> Business Basics | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Managing increased Competition | <input type="checkbox"/> Team Performance Essentials |

Other Topic:

Other Details We can normally accomodate your preferences, but we will confirm with you before booking

Preferred Location:

Preferred Time: Preferred Date:

Number of staff: Ideal Duration:

Can We Help With Anything Else? We can usually schedule at the same time to save costs

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Marketing Plan | <input type="checkbox"/> Resources and Documents |
| <input type="checkbox"/> Performance Enhancement | <input type="checkbox"/> Human Resources Issues | <input type="checkbox"/> Succession Planning |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Finance & Budgeting | <input type="checkbox"/> Practice Assessment & Report |

Send completed form to:

Ideology Consulting, 43 Heacham Road, Eltham North, Victoria, 3095

Email: mark@ideologyconsulting.com.au

Fax: (03) 9431 1169

Mob: 0409 233 901

We will contact you shortly after we recieve your form