### Request for recording and/or transcription services

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| **Lodgement of this form** |  | **General enquiries** |
| **Email** | clientservices@auscript.com.au |  | **Contact Auscript** | 07 3503 1161  |
| **Fax** | 1300 739 037 |  |  |  |
|  |
| **[ ]**  | ***Estimate only?*** | ***If you require an estimate, please complete and return page one (1) only*** |
|  |
| **Digital recording - event details** |
| Service required | [ ]  | Recording only | [ ]  | Recording & transcription | [ ]  | Transcription only |
| Audio required (after the event)? | [ ]  | No | [ ]  | Yes |
| Event name |       |
| Chair/facilitator |       |
| Event type |       |
| Number of participants & names |       |
| Event location  |       |
| Date/s of event |       |
| Start time | \_\_ **:**  \_\_  | [ ]  | AM | [ ]  PM |  |
| Finish time | \_\_ **:** \_\_  | [ ]  | AM | [ ]  PM |  |
| Possible interruptions (eg lunch) | \_\_\_\_\_\_\_ hour/s \_\_\_\_\_\_\_ minute/s (per day) |
| Specific requests |       |
|  |
| **Transcript (if required)**  |
| How would you like to receive the document?*If more than one delivery address, copy costs will apply.* | **[ ]**  | Email (PDF & Word) | **[ ]**  | Post (printed) | **[ ]**  | Collect (printed) |
| Email address/es *(if emailed)* |       |
| Turnaround required | [ ]  | Progressive Same Day | [ ]  | Same Day | [ ]  | 1.5 Day | [ ]  | 3 Day | [ ]  | 5 Day | [ ]  | 10 Day |
| A **‘Progressive Same Day’** turnaround provides you with a draft transcript in the morning session after the lunch break, and a finalised document of the whole day by 6pm on the day of the event.A **‘Same Day’** turnaround provides you with a finalised transcript by 6pm on the day of the event (subject to events finishing no later than 4:00pm). Please note that both services need to be organised -preferably- a few days in advance. |
|  |
| **Details of the person making the request** |
| Full name |       |
| Organisation |       |
| Phone *(incl. area code)* / Mobile |       |
| Email *If same as above, write ‘As above’* |       |
| Postal address *Mandatory – for invoicing purposes* |       |
|  |       | Postcode:       |

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| Payment Method |
| **Established Auscript account** | Account code (if known):       |
| **Money order/bank cheque** | Send to: PO Box 13038, George St Post Shop Brisbane QLD 4003 |
| **Direct deposit** | Auscript Australasia, BSB: 114-879, Account number: 485-976-490 |
| **Credit card** | Complete below |

|  |
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| Credit Card Details |
| [ ]  Visa *1.5% surcharge* | **[ ]  MasterCard** *1.5% surcharge* | **[ ]  Diners Club** *3.33% surcharge* | **[ ]  AMEX** *3.33% surcharge* |
| Card Number |                                |
| Expiry date | **/** | **CVV Number** |            |
| Name of cardholder |       |
| Billing Address |       |
| Signature |       | **Date** | **/     /** |

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| Please review and complete before submitting |
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| [ ]  | *I am aware that orders for transcript cannot be cancelled once lodged with Auscript Australasia Pty Limited. I will be liable for all charges.* |
| Print Name:       | **Signature:**       | **Date**:      /     /      |