### 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: | | | | | | | |

### Request for recording and/or transcription services

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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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| Card Number |  | | |
| Expiry date | **/** | **CVV Number** |  |
| Name of cardholder |  | | |
| Billing Address |  | | |
| Signature |  | **Date** | **/     /** |

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