

**DEMONSTRATION / ORDER FORM**

### 

**NB: ALL SECTIONS OF THE FORM MUST BE COMPLETED**

**SECTION 1 – TACS DEMONSTRATOR DETAILS**

|  |  |  |
| --- | --- | --- |
| **Date:** | | **Contact Number:** |
| **Site Address:** | | |
| **Name:** | **TACS Partner(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Site Name:** | **Customer:** | |

### SECTION TWO – TACS DEMONSTRATION DETAILS

|  |  |
| --- | --- |
| Name of School / Organisation: | |
| Contact Name: …………………………………….……………………………*…(teacher’s packs will be Emailed to this person)*  School / Organisation Location: ….………………………………………………………………………………………………………………….  Email: (this will be used to email the teachers pack)….…………………………………………………………………………………. | |
| Total number of children: | Number of class demonstrations: |
| TACS demonstration date: | |

**SECTION THREE – TACS MERCHANDISE ORDER** (for above school only)

|  |  |
| --- | --- |
| Merchandise | **Quantity Required** |
| TACS Brochure (to be used for promoting TACS) |  |
| TACS Pencils (1 per child) |  |
| TACS Wrist Bands (1 per child) |  |
| TACS Demonstrator Hi-Viz  (1 per demonstrator, please indicate size required in quantity) |  |

|  |  |  |
| --- | --- | --- |
| **Additional Requirements / Comments:** |  |  |

**RETURN COMPLETED FORM TO**

TACS Controller DHL AMCoE, Cobra Court, 3 Lumsdale Road, Stretford, Manchester, M32 0UT

Tel: 0844 875 3031 Opt 5; Email address: [talking.tacs@dhl.com](mailto:talking.tacs@dhl.com)