



QUOTE/ORDER FORM

PART 1 *(to be completed by the client)*

Organisation	
School or Organisation Name:	
Address:	
Postal or Zip Code:	
Country:	
Number of teaching professionals:	

GITI Contact Within School/Organisation	
First Name:	
Last Name:	
Job Title/Role:	
Direct Telephone Number:	
Email Address:	

Invoicing Contact Within School/Organisation	
First Name:	
Last Name:	
Job Title:	
Direct Telephone Number:	
Email Address:	
Address for Invoice:	

Services – Global Inclusive Teaching Initiative	
Duration of license:	
Total Number of staff undertaking GITI (non-group leaders):	
*Total Number of Group Leaders required:	

*Group Leaders are the staff members who manage GITI in your school or college. Group Leaders are able to review work and monitor progress. They can also run reports if required. This is in addition to staff numbers undertaking GITI.

Order Form completed by	
Date	

PART 2 *(for Office Use Only)*

Services Fee	
GITI Licence:	£
VAT (if applicable):	£
Total Payable: <i>(credit card payments carry an additional 3% charge)</i>	£

PART 3 *(to be completed by the client after receiving the price quote)*

Sign Below to Accept Quote	Sign Below to Accept Terms and Conditions <i>(attached)</i>

Name & Position	Date

Referring Agent	
-----------------	--

Please return the form to: info@inclusionexpert.com