

APPLICATION Process

1. Please complete the application form (overleaf) indicating your sponsorship and/or exhibition preference/s, and return together with your full payment method, as outlined
2. You will be notified by email upon receipt of application form.
3. Upon acceptance of application, you will be sent a tax invoice
4. The application form request that you list your first three preferred booth numbers. Every effort will be made to accommodate your booth preferences, however please note that booths will be allocated using the first in, first served method, and the level of sponsorship. Please note that particular booths have been assigned to particular sponsorship packages. Your allocated booth number will be confirmed in writing no later than six weeks prior to the meeting date. The event organiser reserves the right to alter the floor plan without notice. Should the floor plan be altered in the future, exhibitors affected by the change will be notified in writing, by email
5. All sponsorship/exhibition applications cannot be finalised until payment has been received as per payment terms and conditions outlined in individual tax invoices.

Application Form

Please return completed form to General Surgeons Australia care of Sally Erickson - E sally.erickson@generalsurgeons.com.au

CONTACT DETAILS		SPONSORSHIP <small>[All prices are listed in \$AUD & are inclusive of GST]</small>	
COMPANY NAME		<input type="checkbox"/> PLATINUM	\$33,000
CONTACT NAME		<input type="checkbox"/> GOLD	\$18,000
POSITION		<input type="checkbox"/> SILVER	\$9,900
COMPANY ADDRESS		<input type="checkbox"/> BREAKFAST MASTERCLASS	\$8,800
STATE P/CODE		<input type="checkbox"/> BARISTA STATION	\$6,600
PHONE NO.		<input type="checkbox"/> BRAND AWARENESS CAMPAIGN	\$5,500
MOB NO.		<input type="checkbox"/> ADD-ON - BOOTH PITCH	\$3,300
EMAIL ADDRESS		<input type="checkbox"/> TAILORED OPPORTUNITIES	\$TBC
PAYMENT DETAILS		EXHIBITION	
I REQUIRE A TAX INVOICE TO MAKE EFT PAYMENT		<input type="checkbox"/> EXHIBITION BOOTH 3M X 2M	\$4,400
CHEQUE ENCLOSED <small>[PLEASE MAKE PAYABLE TO GENERAL SURGEONS AUSTRALIA]</small>		<input type="checkbox"/> ADDITIONAL INDUSTRY REGISTRATION	\$550
CREDIT CARD [COMPLETE CARD DETAILS BELOW]		TOTAL \$	
<input type="radio"/> MASTERCARD <input type="radio"/> VISA <input type="radio"/> AMEX		EXHIBITION BOOTH/SPACE LOCATION <small>[1-3 in order of preference. Allocation will be determined by receipt of payment]</small>	
CARD NUMBER:		NO. 1	
CCV <small>[3 DIGIT NO. ON BACK/AMEX: 4 DIGIT NO. ON FRONT]</small>		NO. 2	
EXP. DATE		NO. 3	
CARD HOLDER NAME:			
SIGNATURE:			

TERMS & CONDITIONS

I accept the Terms & Conditions outlined within this Sponsorship Prospectus.

Signature: _____ Full Name: _____ Date: _____

Indication of payment method is required | Please refer to the Cancellation Policy under Terms & Conditions within this document in the event you need to cancel