

APPLICATION FORM

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

CONTACT DETAILS (please print clearly in block capitals)

Company Name	
Contact Name	
Position	
Company Address	
State	P/Code
Phone No.	
Mob No.	
Email Address	

SPONSORSHIP (All prices are listed in \$AUD & are inclusive of GST)

- | | | |
|--------------------------|-------------------------------|----------|
| <input type="checkbox"/> | Principal Advocate | \$27,500 |
| <input type="checkbox"/> | Major Advocate | \$22,000 |
| <input type="checkbox"/> | Branded Hospitality Lounge | \$12,100 |
| <input type="checkbox"/> | Workshop Sponsorship | \$8,800 |
| <input type="checkbox"/> | Webcast Sponsorship | \$5,500 |
| <input type="checkbox"/> | International Keynote Speaker | \$5,500 |
| <input type="checkbox"/> | Satchel Insert | \$990 |
| <input type="checkbox"/> | Tailored Opportunities | \$TBC |

PAYMENT DETAILS

- I require a Tax invoice to make EFT payment
- Cheque enclosed (please make payable to General Surgeons Australia)
- Credit Card (complete card details below)

MasterCard Visa AMEX

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CCV
(3 digit No. on back/AMEX: 4 digit No. on front)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Exp. Date

____/____

Card Holder Name

Signature

_____	_____
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EXHIBITION (All prices are listed in \$AUD & are inclusive of GST)

- | | | |
|--------------------------|----------------------------------|---------|
| <input type="checkbox"/> | Exhibition Booth 3m x 3m | \$6,050 |
| <input type="checkbox"/> | Additional Industry Registration | \$660 |

SPONSORSHIP AND/OR EXHIBITION TOTAL \$

EXHIBITION BOOTH/SPACE LOCATION

(1-3 in order of preference. Allocation will be determined by receipt of payment)

No. 1

No. 2

No. 3

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