

CR ASM 2026 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.
5. 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.
6. 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
7. All sponsorship/exhibition applications cannot be finalised until payment has been received as per payment terms and conditions outlined in individual tax invoices.

CR ASM 2026 APPLICATION FORM

CONTACT DETAILS

COMPANY NAME

CONTACT NAME

POSITION

COMPANY ADDRESS

STATE

P/CODE

PHONE NO.

MOB NO.

EMAIL ADDRESS

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

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asm@generalsurgeons.com.au

SPONSORSHIP

<input type="checkbox"/> PRINCIPAL PARTNER	\$33,000	<input type="checkbox"/> HYDRATION STATION	\$5,500
<input type="checkbox"/> MAJOR EDUCATION PARTNER	\$27,500	<input type="checkbox"/> RESEARCH E-POSTERS	\$6,600
<input type="checkbox"/> RECHARGE LOUNGE	\$24,500	<input type="checkbox"/> CATERING ZONE	\$5,500
<input type="checkbox"/> WORKSHOP SPONSOR	\$16,500	<input type="checkbox"/> TARGETED GRAPHICS	\$TBC
<input type="checkbox"/> GALA DINNER SPONSOR	\$11,000	<input type="checkbox"/> DIGITAL APP BANNER	\$2,200
<input type="checkbox"/> WELCOME RECEPTION SPONSOR	\$7,700	<input type="checkbox"/> PUSH NOTIFICATION	\$2,200
<input type="checkbox"/> BRAND PRESENCE WALL	\$4,400	<input type="checkbox"/> VIDEO PROMOTION	\$3,300
<input type="checkbox"/> RECHARGE BAR	\$5,500	<input type="checkbox"/> TAILORED OPPORTUNITIES	\$TBC

EXHIBITION

<input type="checkbox"/> EXHIBITION DISPLAY BOOTH - 3X3	\$7,700
<input type="checkbox"/> INDUSTRY REGISTRATION <i>(outside of package inclusions)</i>	\$770

PREFERRED BOOTH NUMBER (1-3 in order of preference. Allocation determined by availability + receipt of payment)

No.1

No. 2

No. 3

PAYMENT DETAILS

- EFT Payment - tax invoice
- Credit Card *(receipt will be issued upon processing)*
- MasterCard Visa AMEX

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CCV

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

____ / ____

Card Holder Name:

Signature:

TERMS & CONDITIONS

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

Signature: _____ Name: _____ Date: _____

Please refer to the Cancellation Policy under Terms & Conditions within this document in the event you need to cancel