

# APPLICATION FORM.

Please return completed form to the event manager at General Surgeons Australia - Sally Erickson, via email: sally.erickson@generalsurgeons.com.au

CONTACT DETAILS		SPONSORSHIP <small>(All prices are listed in \$AUD &amp; are inclusive of GST)</small>	
Company Name		<input type="checkbox"/> Platinum Sponsor	\$16,500
Contact Name		<input type="checkbox"/> Diamond Sponsor	\$12,100
Position		<input type="checkbox"/> Workshop Sponsor	\$8,800
Company Address		<input type="checkbox"/> Live Stream Sponsorship	\$9,900
State	P/Code	<input type="checkbox"/> International Keynote Speaker	\$7,700
Phone No.		<input type="checkbox"/> Tailored Opportunities	\$11,000
Mob No.		<b>EXHIBITION</b>	
Email Address		<input type="checkbox"/> Exhibition Booth 3m x 3m	\$5,500
<b>PAYMENT DETAILS</b>		<input type="checkbox"/> Exhibition Booth 3m x 2m	\$4,400
<input type="checkbox"/> I require a Tax invoice to make EFT payment		<input type="checkbox"/> Additional Industry Registration	\$550
<input type="checkbox"/> Cheque enclosed <small>(please make payable to General Surgeons Australia)</small>		TOTAL \$	
<input type="checkbox"/> Credit Card <small>(complete card details below)</small>		<b>EXHIBITION BOOTH SPACE LOCATION</b> <small>(Select in order of preference. Allocation will be determined by receipt of payment)</small>	
<input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> AMEX		NO. 1	
Card Number:		NO. 2	
<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"/> <input type="text"/>		NO. 3	
CCV <small>(3 digit No. on back/AMEX: 4 digit No. on front)</small>	Exp. Date	NO. 4	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	____ / ____		
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 + Covid-19 Policy under Terms & Conditions within this document in the event you need to cancel