



Continuity, Care and Innovation

4-5 September 2017 | Sofitel Sydney Wentworth

Sponsorship Form

Personal Details

Please note all correspondence including invoices will be sent to the contact supplied below.

Company Name _____

Contact Person _____

Position _____ Email _____

Telephone _____ Fax _____

Address _____

State _____ Postcode _____

Country _____ Website _____

Sponsorship Opportunities

Please tick appropriate box. All sponsorship prices are in AUD and inclusive of 10% GST (Goods and Services Tax)

Conference Partner 5,500

EDUCATIONAL

Keynote Speaker 3,300

SOCIAL EVENTS & CATERING

Welcome Cocktail Reception 3,300

Barista 7,700

Conference Lunch Break 1,750

Morning or Afternoon Break 1,100

ADVERTISING

Delegate Satchel 7,700

Conference Supporter Branding 5,500

Name Badge & Lanyard 4,400

On-line Conference Program Branding 3,300

Notepad and Pen (sponsor provided) 2,200

Satchel Insert 1,100

I agree to be invoiced for a total of \$ AUD _____ including 10% GST for the items selected above.

Signature _____

Date ____/____/____

Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

Sponsorship Total _____



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Exhibition Form

Exhibition Booth Requirements

Priority of placement within the exhibition will be offered to sponsors first and then sold in accordance with the date of application receipt.

Preferred exhibition location:

First Choice: _____

Second Choice: _____

Third Choice: _____

CONDITIONS OF PAYMENT

- 50% of your total owing amount will be due upon confirmation of your participation. The balance will be due 4 June 2017.
- Applications made after the 4 June 2017 will be required to pay 100% of the total owing upon confirmation. Failure to pay outstanding invoices by due dates may result in your partnership item or exhibition stand being released again for sale.

Exhibition Confirmation

	Cost (AUD)	Total inc GST
<input type="checkbox"/> Exhibition Table	\$1,650 incl 10% GST	_____

Declaration: I have read & accept the terms & conditions in the prospectus and wish to become an exhibitor at H.E.L.P. Conference 2017.

I agree to be invoiced for a total of \$ AUD _____ incl GST.

Signature _____ Date ____/____/____

Application forms may be faxed or mailed to the contact listed below.

A tax invoice will be sent upon receipt of your application form.

Exhibition Total _____

Method of Payment

Tick appropriate box

I wish to pay by bank transfer. Bank details will be supplied on your tax invoice issued with confirmation

I wish to pay by credit card: Visa MasterCard Amex

Credit Card Number Expiry Date ____/____

Card Holder's Name _____ Signature _____

Please Note: All credit card payments will appear as "ICMS Australasia Pty Ltd" on your statement

Please tick this box if you do NOT wish to receive Meeting Updates via email

Forward completed application forms to:

2017 H.E.L.P Conference Partnership and Exhibition Manager

Suzie Kovacevic

ICMS Australasia

E: suziek@icmsaust.com.au

T: 02 9254 5000