



# 11th National Allied Health Conference

9th – 11th November 2015  
Crown Conference Centre, Melbourne

## SPONSORSHIP AND EXHIBITION BOOKING FORM

A PDF tax invoice will be sent on receipt of a completed booking form.

Tax Invoice  
Conference Design Pty Ltd  
ABN 72 050 482 507

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb/Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

### Sponsorship

Option \_\_\_\_\_

Investment \_\_\_\_\_

Comments \_\_\_\_\_

### Exhibition

Number of sites/booths required: \_\_\_\_\_

Preference 1: \_\_\_\_\_

Preference 2: \_\_\_\_\_

Preference 3: \_\_\_\_\_

Not located next to: \_\_\_\_\_

Do you require a:  Booth structure  
 Site only for a custom display

Each booth includes a trestle table, table cloth, 2 x spotlights,  
1 x 4 amp power socket, 2 x chairs.

Trestle and chairs  Trestle and chairs not required

Wording for header board (max. of 30 characters):  
\_\_\_\_\_  
\_\_\_\_\_

### Description

For planning purposes, please give a brief description of any large, high or unusual equipment you will be displaying in your booth:

Authorised: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Payment Summary

Sponsorship Total: \$ \_\_\_\_\_

Exhibition Total: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

### Payment Terms

A payment of 50% of the sponsorship package and/or exhibition fee must accompany your completed booking form. The balance is to be paid four months prior to the Conference.

### Cancellation Policy

A cancellation fee of 30% will be applicable for any sponsorship package or exhibition booking cancelled up to six months prior to the Conference. No refund will apply after this date.

### Payment Options

EFT

Date: \_\_\_\_\_ Reference: \_\_\_\_\_

BSB: 017 324

Account #: 1085 82575

Account Name: Conference Design

Bank: ANZ, Sandy Bay Branch

Swift Code: \_\_\_\_\_ ANZBAU3M

Credit Card

Card Type:  Visa  MasterCard  AMEX

Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_



#### Conference Secretariat

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