



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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