



4th International Conference on Oesophageal Atresia

15-16 September 2016 / Sydney Australia

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)

Sponsorship Opportunities

- | | |
|---|----------|
| <input type="checkbox"/> Gold Sponsorship | \$20,000 |
| <input type="checkbox"/> Silver Sponsorship | \$12,000 |
| <input type="checkbox"/> Bronze Sponsorship | \$6,000 |

- | | |
|---|---------|
| <input type="checkbox"/> Name Badges and Lanyards Sponsor | \$2,500 |
| <input type="checkbox"/> USB Conference Proceedings Sponsor | \$2,500 |
| <input type="checkbox"/> Delegate T-shirt | \$4,400 |

Individual Sponsorship Opportunities

Social Functions

- | | |
|--|----------|
| <input type="checkbox"/> Conference Dinner Sponsor | \$12,000 |
| <input type="checkbox"/> Welcome Reception Sponsor | \$6,000 |

Delegate Services

- | | |
|---|---------|
| <input type="checkbox"/> Delegate Satchel Sponsor | \$5,500 |
| <input type="checkbox"/> Session Sponsorship | \$2,200 |

Advertising

- | | |
|---|---------|
| Registration Brochure (A4 page) | \$600 |
| Program Book (A4 page) | \$800 |
| Satchel inserts (up to A4 size brochure) | \$1,000 |
| Signage at the Conference
(standard pop-up banner) | \$600 |
| Web ad with hotlink (150 x 150 tile) | \$500 |

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

- A 50% deposit is required upon confirmation of your sponsorship item and / or booth. The remaining 50% will be due on 15 July 2016.
- Payment must be made for all sponsorships and exhibitions monies prior to close of business 15 August 2016. Failure to do so may result in your sponsorship item or exhibition stand being released again for sale.

Exhibition Confirmation

Cost (AUD)

Total inc GST

Exhibition Booth (3 x 3 sqm) \$3,300 incl 10% GST _____

Declaration: I have read & accept the terms & conditions in the prospectus and wish to become an exhibitor at OA 2016.

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:

Emma Bowyer

OA 2016 Sponsorship and Exhibition Manager

Level 9, 234 George Street

Sydney NSW 2000

Tel: 02 9254 5000

Email: emmab@icmsaust.com.au

Web: www.oa2016.com.au