

# SPONSORSHIP & EXHIBITION BOOKING FORM



ANZICS/ACCCN  
Intensive Care ASM

**11-13 October 2017**  
Gold Coast Convention  
and Exhibition Centre  
Queensland

ABN: 19 657 679 556

**Please post or email this form to:**

EECW Pty Ltd – ANZICS/ACCCN Intensive Care ASM Secretariat  
Suite 614, St Kilda Road Towers, 1 Queens Road, Melbourne VIC 3004  
P: +61 3 9863 7606 E: [intensivecareasm@eecw.com.au](mailto:intensivecareasm@eecw.com.au)

## Contact Details *Please print clearly in block capitals*

Name:

Organisation:

Position:

Address:

Suburb:  State:  Postcode:

Country:  Telephone:

Mobile:  Facsimile:

Email:

Website:

Onsite Contact:  Mobile:

Email:

## Sponsorship Package *All costs are shown in Australian dollars and include GST.*

<input checked="" type="checkbox"/> Sponsorship Package	Price
<input type="radio"/> Premium Sponsor	\$30,000
<input type="radio"/> Premium Skills Transfer Sponsor	\$25,000
<input type="radio"/> Major Sponsor	\$18,000
<input type="radio"/> Coffee Cart Sponsor	\$16,000
<input type="radio"/> Networking Lounge Sponsor	\$12,000
<input type="radio"/> ASM App Sponsor	\$8,000
<input type="radio"/> Satchel Sponsor	\$8,000
<input type="radio"/> Lanyard Sponsor	\$8,000
<input type="radio"/> Internet Café and Wi-fi Sponsor	\$7,700
<input type="radio"/> Breakfast Symposium Sponsor	\$7,000
<input type="radio"/> Chargebar Sponsor	\$5,500
<input type="radio"/> Award Package Sponsor – Medical	\$15,000
<input type="radio"/> Award Package Sponsor – Nursing & Allied Health	\$6,000
<input type="radio"/> Electronic Direct Mail	\$2,500
<input type="radio"/> ASM Handbook Full Page Advertisement	\$2,500
<input type="radio"/> ASM Handbook Half Page Advertisement	\$1,500
<input type="radio"/> ASM App PDF Advertisement	\$1,500
<input type="radio"/> Satchel Insert	\$1,100

**Sponsorship Total Amount:**

\$

## Exhibition Booth

✓ Booth Package	Price per booth	Quantity	Total Cost
<input type="radio"/> Shell Scheme Booth (3m x 3m)	\$6,000		
<input type="radio"/> Shell Scheme Plus Booth (3m x 3m)	\$6,600		
<input type="radio"/> Shell Scheme Booth Experience Package (3m x 3m)			
<input type="radio"/> Booth with Nudie Juices	\$10,000		
<input type="radio"/> Booth with Ice Creams	\$10,000		
<input type="radio"/> Booth with Fruit Skewers	\$11,000		
<input type="radio"/> Booth with Branded Cupcakes	\$11,000		
<input type="radio"/> Space Only (3m x 3m)	\$5,500		

**Exhibition Total Amount:** \$

**Preferred booth location** (1-3 in order of preference)

1st choice:  2nd choice:  3rd choice:

The ASM managers will endeavour to allocate space in line with your request, however this cannot be guaranteed.

I **do not** wish to be located adjacent to these companies:

I **wish** to be located adjacent to these companies:

**Facia Name Signage** (shell scheme booths only). Maximum of 30 characters including spaces

## Payment

Sponsorship/Exhibition confirmation and a tax invoice will be sent upon receipt of your booking form.

Sponsorship: 50% deposit is required upon receipt of the application form and the final 50% before **2 June 2017**.

Exhibition: Full payment is required upon receipt of application.

**Method of payment** (please indicate):

I require a tax invoice to make payment.

I have enclosed/will forward a cheque. Cheques must be in Australian currency, drawn on an Australian bank and free of all charges. Cheques should be made payable to "EECW in trust for ANZICS/ACCCN 2017 ASM".

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

I would like to pay by credit card.

Amount to authorise	<input type="text" value="A\$"/>	<input type="radio"/> MasterCard
Card Number	<input type="text"/>	<input type="radio"/> VISA
Card Holder's Name	<input type="text"/>	<input type="radio"/> AMEX
Signature	<input type="text"/>	Expiry Date <input type="text"/>
		CWV <input type="text"/>

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

## Cancellation Policy

Cancellations will only be accepted in writing or by email and must be signed by the person whose signature appears on this form (or their nominee). Cancellations received prior to 10 March 2017 will have their deposit returned less a \$100 administration fee. Cancellations after 10 March 2017 and prior to 2 June 2017 will forfeit their deposit payment. Cancellations after 1 June 2017 will receive no refund and will be liable for payment of the balance should it not have been received by the cancellation date.

I have read the cancellation policy and accept all of its conditions.

Name (please print)

Organisation

Signed  Date