

SOWING THE SEEDS OF FARMER HEALTH 2012 SPONSORSHIP APPLICATION FORM

FAX BACK TO +61 3 5551 8267

NOTE: A Tax invoice will be issued upon receipt of this application form.

Organisation name:			
Contact name:			
Position:			
Postal address:			
Email:			
Telephone:		Fax:	

SPONSORSHIP

We confirm the following sponsorship items. All amounts are in Australian dollars (\$AUD).

Sponsorship item <i>N.B: FOC = free of charge (included as part of sponsor entitlements)</i>	Value <i>(plus GST)</i>	Qty	Display Space <i>(3m x 1m)</i>	Satchel Insert <i>(please tick)</i>	Total
Conference sponsor	\$20,000		FOC <input type="checkbox"/>	FOC <input type="checkbox"/>	
Platinum major sponsor	\$10,000 - \$15,000		FOC <input type="checkbox"/>	FOC <input type="checkbox"/>	
Celebrating excellence	\$16,000		FOC <input type="checkbox"/>	FOC <input type="checkbox"/>	
Speaker sponsor	\$4,750		FOC <input type="checkbox"/>	FOC <input type="checkbox"/>	
Gold sponsor	\$3,500		FOC <input type="checkbox"/>	FOC <input type="checkbox"/>	
Hypothetical's sponsor	\$3,000		\$500 <input type="checkbox"/>	FOC <input type="checkbox"/>	
Silver sponsor	\$2,750		FOC <input type="checkbox"/>	FOC <input type="checkbox"/>	
Satchel sponsor	\$2,500		\$500 <input type="checkbox"/>	FOC <input type="checkbox"/>	
Cocktail party sponsor	\$2,250		\$500 <input type="checkbox"/>	FOC <input type="checkbox"/>	
Future farmer/health professional sponsor	\$2,000		\$500 <input type="checkbox"/>	\$500 <input type="checkbox"/>	
Photography competition	\$500		\$500 <input type="checkbox"/>	\$500 <input type="checkbox"/>	
SPONSORSHIP TOTAL AMOUNT DUE:				\$	

I/We are authorised to sign documents on behalf of the company and I/we acknowledged that I/we have read the rules and regulations governing the sponsorship and will comply with them in full.

Name: _____ Signature: _____ Date of Application: _____

All payments must be made in Australian dollars only. Payments can be made by cheque, direct transfer or credit card. Please contact the National Centre for Farmer Health for all conference payments details and conditions. Full payment is required within 7 days from the date of the tax invoice. A tax invoice will be issued upon receipt of the application.

National Centre for Farmer Health
Felicity Little, Event Coordinator, PO Box 283, Hamilton VIC 3300
T: +61 3 5551 8533 F: +61 3 5551 8267 E: Felicity.Little@wdhs.net