

SPONSORSHIP

APPLICATION FORM

ABN: 881 234 490



National Foster Care Conference 2008

31 October to 2 November 2008

Novotel Brighton Beach

better outcomes

CONTACT DETAILS

Company Name..... Contact Person.....

Position..... Telephone.....

Fax..... Email.....

Address.....

State..... Postcode.....

Country..... Website.....

SPONSORSHIP OPPORTUNITIES (tick appropriate box)

Sponsorship Level

Gold Sponsorship.....\$10,000

Or Sponsor one of the following events / features:

Conference Dinner.....

Conference Lunches.....

Conference Program & Abstract Book.....

Sponsorship Level

Silver Sponsorship.....\$7,700

Or Sponsor one of the following Event/features:

Delegate Satchels.....

Delegate Name Badges.....

Conference Website.....

Sponsorship Level

Bronze Sponsorship.....\$5,500

Or Sponsor one of the following events/features:

Opening Ceremony.....

Conference Morning & Afternoon Teas.....

Speakers Preparation Room.....

Sponsorship Level

Supporting Sponsorship

Or Sponsor one of the following events/features:

Speaker Sponsorship.....

Conference Satchel Insert.....

All sponsorship prices are inclusive of 10% Australian GST (Goods and Services Tax)

I agree to be invoiced for a total of \$_____ for the items selected above.

Signature_____ Date_____

Application forms may be faxed or mailed to the contact below. Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

PAYMENT SCHEDULE (tick appropriate box)

- I wish to make payment in full at the time of placement confirmation
 Please send an invoice for 100% payment on application

PAYMENT METHOD (tick appropriate box)

I have enclosed a cheque made payable to the **NFCC 2008**

I wish to pay by credit card - Visa MasterCard Bankcard Amex Diners Club. **Please debit my card AUD inc. GST**

Credit Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____

Signature: _____

Date: _____

Name on Card: _____

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

POST OR FAX YOUR COMPLETED APPLICATION FORM TO:

Sponsorship and Exhibition Account Manager

NFCC 2008

GPO Box 3270, Sydney NSW 2001, Australia

Website: www.fostercare.org.au or www.fcansw.org.au

Phone: +61 2 9254 5000

Email: felicityb@icmsaust.com.au

FAX: +61 2 9251 3552

EXHIBITION

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CONTACT DETAILS *Please note all correspondence including invoices will be sent to the contact supplied below.*

Organisation Name

Contact Person/ Position

Telephone Fax

Email

Postal Address

..... State Postcode

Country Website

Items/Services to be exhibited

EXHIBITION TABLE REQUIREMENTS

Priority of placement within the exhibition will be offered in accordance with the date of application receipt.

Preferred table number:

First Choice:	Second Choice:	Third Choice:
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Exhibition Opportunities: *Please indicate which exhibition option you would like to purchase. All prices are inclusive of 10% Australian GST.*

Tick	Opportunity	Cost (AUD)	Total AUD including GST
<input type="checkbox"/>	1) Table Top Display	AUD 660 inc 10% GST	

Declaration: *I have read and accept the terms & conditions and wish to become an exhibitor at the NFCC 2008 Conference.*

I agree to be invoiced for a total of AUD including 10% GST.

Signature Date

PAYMENT SCHEDULE *(tick appropriate box)*

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PAYMENT METHOD *(tick appropriate box)*

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