

# 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](http://www.fostercare.org.au) or [www.fcansw.org.au](http://www.fcansw.org.au)  
 Phone: +61 2 9254 5000  
 Email: [felicityb@icmsaust.com.au](mailto:felicityb@icmsaust.com.au)

**FAX: +61 2 9251 3552**

# EXHIBITION

## APPLICATION FORM ABN: 881 234 490



National Foster Care  
Conference 2008

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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)*

- 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](http://www.fostercare.org.au) or [www.fcansw.org.au](http://www.fcansw.org.au)

Phone: +61 2 9254 5000

Email: [felicityb@icmsaust.com.au](mailto:felicityb@icmsaust.com.au)

**FAX: +61 2 9251 3552**