

BOOKING FORM

Communicable Diseases & Immunisation Conference 2022

Organisation: _____

Contact Name: _____

Position: _____

Postal Address: _____

Phone: _____

Email: _____

Booth Preferences: _____

| SPONSORSHIP PACKAGES | | |
|-------------------------------|----------|--|
| Type | Cost | Select |
| Premier Sponsor | \$70,000 | <input type="checkbox"/> |
| Principal Sponsor | \$60,000 | <input type="checkbox"/> |
| Associate Sponsor | \$44,000 | <input type="checkbox"/> |
| Support Sponsor | \$33,000 | <input type="checkbox"/> |
| Welcome Reception Sponsor | \$17,500 | <input type="checkbox"/> |
| Refreshment Break Sponsor | \$8,500 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| • Monday 20 June | | |
| • Tuesday 21 June | | |
| • Wednesday 22 June | | |
| Virtual Sponsor | \$12,000 | <input type="checkbox"/> |
| International Speaker Sponsor | \$12,000 | <input type="checkbox"/> |
| Affiliation Sponsor | \$3,500 | <input type="checkbox"/> |

| EXHIBITION PACKAGES | | |
|-------------------------------|---------|--------------------------|
| Virtual - Exhibition Package | \$1,900 | <input type="checkbox"/> |
| F2F - Exhibition Package | \$2,900 | <input type="checkbox"/> |
| SACHEL INSERT AND PROGRAM ADS | | |
| Full page program ad | \$660 | <input type="checkbox"/> |
| Half page program ad | \$330 | <input type="checkbox"/> |

All prices are in AUD and GST incl.

CONFIRMATION

Please note: Upon completion of this form a tax invoice and contract will be provided. Confirmation of sponsorship and exhibition spaces is conditional upon this form and contract being completed and all payment has been received. The PHAA reserve the right to reassign any sponsorship or exhibition package if the terms and conditions outlined in the sponsorship and exhibition brochure are not fulfilled.

Upon confirmation, this contract is binding on the signature below.

I/We agree to comply with the terms and conditions and all provisions of the sponsors and exhibitors contractual obligations all of which I/we acknowledge, have read and understood.

Name of authorised person: _____

Position: _____

Signature: _____

Date: _____

To book a sponsorship package, please send the completed form to:
Mandy Winter, Events Officer PHAA, E: events@phaa.net.au, T: 02 6171 1312