

31 October - 3 November 2024 IICC Sydney, Australia

Sponsorship Form

Personal	Details			
Please note corres	pondence will be sent to t	the contacts sup	plied below.	
Organisation name	(for invoicing purposes)_			
Contact Person (fo	r invoicing purposes)			
Email				
Organisation name	(for marketing purposes)			
Contact Person (fo	r organising purposes)			
Position				
Email				
Telephone				
Address				
State	Postcode	Cour	ntrv	
State Postcode Country Website				
VVCDGILO				
Sponsorsh	nip Opportuniti	es		
			D and inclusive of 10% GST (Goods and Se	ervices Tax)
Sponsorships		•	Delegate Services Sponsorships	,
Platinum Sponsors Delegate Sato Delegate Nam Industry Symp Gold Sponsorship Silver Sponsorship Symposia Industry Sympos Sponsored Break	chel ne badges and Lanyard posium p	\$88,000 \$55,000 \$33,000 \$30,000 \$20,000	Congress App Portable Device Charging Station Barista Station Networking Zone Reusable Water Bottle Juice Station Social Function Sponsorships Welcome Function Congress Dinner Enhance Your Exposure App Insert Advertisement in the Congress Program Full Page	\$25,000 \$16,500 \$11,000 \$8,800 \$16,500 \$8,800 \$16,500 \$33,000 \$2,200
Lagran to be inve	picod for a total of CALID		Half Page	\$1,100
I agree to be invoiced for a total of \$ AUDSignature				_//
			receipt of your application form.	
Sponsorship agn	eement and tax invoice w	iii be sent upon i	Sponsorship Total	



Exhibition Form

CONDITIONS OF PAYMENT

Exhibition Booth Requirements

Priority of placement within the exhibition will be offered to

sponsors first and then sold in accordance with the date of application receipt.	 A 50% deposit is required upon confirmation of your Congress sponsorship item and/or booth. 		
Preferred exhibition location:	 Payment must be made for all Congress sponsorship and 		
First Choice:	exhibition monies prior to close of business on 15 July 2024. Failure to do so may result in your Congress sponsorship item or exhibition stand being released again		
Second Choice:			
Third Choice:	for sale.		
Please indicate the companies you do not wish to be placed near* *Subject to availability at the time of booking and maybe subject to change	PRIVACY STATEMENT YES, I consent to my details being shared with suppliers and contractors of the Congress to assist with my participation and planning. Also for the information distribution in respect of other relevant events that may be of interest to me that are organised by the Congress Manager.		
	☐ NO, I do not consent.		
Exhibition Confirmation			
Cost (AUI	D) Total inc GST		
9sqm Exhibition Booth \$6,600 in	cl 10% GST		
Declaration: I have read & accept the terms & conditions in the	prospectus and wish to become an exhibitor at APFCB24.		
I agree to be invoiced for a total of \$ AUD incl G	ST.		
Signature			
o.g. lataro			
Application forms may be emailed to the contact listed below.			
A tax invoice will be sent upon receipt of your application form.	Exhibition Total		
	Exhibition lotal		
Method of Payment			
Tick appropriate box			
	and the state of t		

- ☐ I wish to pay by bank transfer. Bank details will be supplied on your tax invoice issued with confirmation
- ☐ I wish to pay by credit card. A link will be sent to you via email to complete your payment securely online.

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

Forward completed application forms by email to:

17th APFCB 2024 Sponsorship and Exhibition Secretariat **Emma Bowyer APFCB 2024 Director, Sponsorship and Exhibitions** Level 9, 234 George Street, Sydney NSW 2000

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