

Signature _____

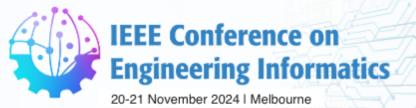
Application to Sponsor

		Last Name	
Organisation		Business Type	
Address (street name and su	burb)		
State	Country	Post Code	
Telephone	Fax	Mobile	
Email	(18	Website	
Please select your sponsorshi	p category:	Further sponsorship opportunities:	Advertising:
☐ Platinum		☐ Lunch Sponsorship	☐ Inside Back Cover
☐ Gold		☐ Coffee	☐ Full Page
☐ Silver		☐ Welcome	☐ Half Page
Bronze		☐ Lanyard	☐ Web Advertisement
		☐ Bag Sponsor	
		☐ Exhibitor	
yment methods: 1. Electronic Funds Transfer			
Acct name: The Victorian Section Conference		Please complete and return this form to:	
BSB: 063143		Contact: Lewis Douketis Mobile: 0434536555	
Account number: 10469906		Email: 103063747@student.swin.edu.au	
Swift Code: CTBAAU2S		Linali. <u>103003747@stt</u>	udent.swin.edd.ad
2. Credit Card			
Card holders full name (as o	on the card)	Ex	piry/
Card number	1.3	Signature	
DECLARATION			
	•	n to complete this form on behalf of my	•
	•	nderstand the entitlements offered, and	•
total amount of the ite	ms selected abo	ve. TOTAL AUD	<u> </u>

Date _____







Application to Exhibit

Title (Prof/Dr/Mr/Mrs/Ms)	First Name	Last Name
Organisation		Business Type
Address (street name and sub	urb)	722
State	Country	Post Code
Telephone	Fax	Mobile
Email	(12)	Website
Please select exhibit space: ☐ Large 3m x 3m ☐ Floor space only ☐ Tabletop display/s		
Payment methods: 1. Electronic Funds Transfer Acct name: The Victorian Sec BSB: 063143 Account number: 10469906 Swift Code: CTBAAU2S	ction Conference	Please complete and return this form to: Contact: Lewis Douketis Mobile: 0434536555 Email: 103063747@student.swin.edu.au
2. Credit Card	188	
Card holders full name (as or	n the card)	Expiry/
Card number		Signature
DECLARATION		

- I declare that I am the authorized person to complete this form on behalf of my organization.
- I have read the terms and conditions, understand the entitlements offered, and agree to be invoiced for the total amount of the items selected above. TOTAL AUD _____

