

**Application to Sponsor**

 **Title (Prof/Dr/Mr/Mrs/Ms)** **First Name** **Last Name**

**Organisation** **Business Type**

**Address (street name and suburb)**

**State** **Country** **Post** **Code**

**Telephone** **Fax** **Mobile**

**Email** **Website**



**Please complete and return this form to:**

 Contact: John Dcoutho

 Mobile: 0424660500

 Email: ieee@swin.edu.au

**Advertising:**

[ ]  Inside Back Cover

[ ]  Full Page

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[ ]  Web Advertisement

**Please select your sponsorship category:**

[ ]  Platinum

[ ]  Gold

[ ]  Silver

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**Further sponsorship opportunities:**

[ ]  Lunch Sponsorship

[ ]  Coffee

[ ]  Welcome

[ ]  Lanyard

[ ]  Bag Sponsor

[ ]  Exhibitor



Payment methods:

1. Electronic Funds Transfer

 Bank: Commonwealth Bank of Australia

 Acct name: The Victorian Section Conference
 BSB: 063 143

 Account number: 1046 9906

 Swift Code: CTBAAU2S

1. Credit Card

Card holders full name (as on 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

Signature Date