

Title (Prof/Dr/Mr/Mrs/Ms) First Name _		Last Name	
Organisation		Business Type	
Address (street name and sub	ourb)		
State Country _		Post Code	
Telephone	Fax	Mobile	
Email	(1%	Website	
Please select your sponsorship	category:	Further sponsorship opportunities:	Advertising:
☐ Platinum		☐ Lunch Sponsorship	☐ Inside Back Cover
☐ Gold		☐ Coffee	☐ Full Page
☐ Silver		☐ Welcome	☐ Half Page
☐ Bronze		☐ Lanyard	☐ Web Advertisemen
		☐ Bag Sponsor	
		☐ Exhibitor	
ayment methods:			
Electronic Funds Transfer Bank: Commonwealth Bank of Australia		Please complete and return this form to:	
Acct name: Victorian IEEE Section		Contact: John Dcoutho	
BSB: 063 143		Mobile: 0424660500	
Account number: 1046 9906		Email: <u>ieee@swin.edu.au</u>	
Swift Code: CTBAAU2S			
2. Cradit Card			
2. Credit Card			
Card holders full name (as o	n the card)	Ex	piry/
Card number		Signature	
DECLARATION			
I declare that I am the au	uthorized perso	on to complete this form on behalf of my	organization.
		nderstand the entitlements offered, and	
total amount of the iten	ns selected abo	ve. TOTAL AUD	
Signature		Date	

Date __

