Application to Sponsor

Title (Prof/Dr/Mr/Mrs/Ms)	_ First Name	Mary 16	ast Name		
Organisation Business Type					
Address (street name and sub	urb)				
State	Country	Post Code			
Telephone	Fax	Mobile			
Email	12	Website			
Please select your sponsorship Platinum Gold Silver Bronze	o category:				ertising: nside Back Cover ull Page Ialf Page Veb Advertisement
ment methods: . Electronic Funds Transfer ank: Commonwealth Bank of Australia acct name: The Victorian Section Conference SB: 063 143 account number: 1046 9906 wift Code: CTBAAU2S		Further sponsors Lunch Sponso Coffee Welcome Lanyard Bag Sponsor			
2. Credit Card Card holders full name (as o			Ķ_	Expiry _	
DECLARATION I declare that I am the author and the terms and total amount of the item Signature	uthorized perso d conditions, ur ns selected abo	on to complete this finderstand the entitlewe. TOTAL AUD	orm on behalf o	of my organ , and agree 	ization.