

SPONSORSHIP FORM

Organisation:

Contact | First Name: Surname:

Position:

Postal Address:

Suburb: State: Postcode:

Email:

Work Phone: Mob:

Website:

I choose to be a **SPONSOR/ EXHIBITOR**: (please ✓ the appropriate box. You may ✓ more than one box.)

PLATINUM Sponsorship Package

GOLD Sponsorship Package

SILVER Sponsorship Package

BRONZE Sponsorship Package

CARRY BAG Sponsorship

USB Sponsorship

NAME TAG Sponsorship

COCKTAIL Sponsorship

UNIQUE OPPORTUNITY (please specify)

I / We have read, understand and agree to the attached Conditions of Contract

Full name:

Signature: Date:

(for and on behalf of the Exhibitor/ Sponsor listed above)

APPLICATION INSTRUCTIONS

Please complete this form and send with proof of payment by EFT to:

AHA Conference Coordinator: Nicky Iliffe conference@homeopathyoz.org

EFT

Bank: Westpac Bank

Account Name: Australian Homoeopathic Association Inc.

BSB: 037-014

Account Number: 352719

Swift Code: WPACAU2S or WPACAU2SXXX

if 11 characters are required