

PSA 2018 ASC Application Form

GSA ABN 31 091 317 690 | Completed forms should be returned to the Event Organiser C/- General Surgeons Australia, 250-290 Spring Street, EAST MELBOURNE VIC 3002 | Alternatively completed forms can be returned by email - sally.erickson@generalsurgeons.com.au, or faxed to +61 3 9249 1257

CONTACT DETAILS SPONSORSHIP AND EXHIBITION

Company Name	
Contact Name	
Position	
Company Address	
State	P/Code
Phone No.	
Mob No.	
Email Address	

<input type="checkbox"/> Major Sponsor	\$8,800
<input type="checkbox"/> Supporting Sponsor	\$7,150
<input type="checkbox"/> Delegate Lanyard	\$1,100
<input type="checkbox"/> Workshop Sponsor	\$6,380
<input type="checkbox"/> Sponsored Tea Break	\$4,400
<input type="checkbox"/> Breakfast Session Sponsor	\$3,850
<input type="checkbox"/> Speaker Sponsor	\$2,750
<input type="checkbox"/> Session Sponsor	\$2,200
<input type="checkbox"/> Satchel Insert	\$770
<input type="checkbox"/> Exhibition Display	\$2,750
<input type="checkbox"/> Additional Industry Registration	\$770

PAYMENT DETAILS (All prices are listed in \$AUD & are inclusive of GST)

I require a Tax invoice to make EFT payment

Credit Card *(complete card details below)*

MasterCard Visa AMEX

Card Number

□□□□ □□□□ □□□□ □□□□

CCV

(3 digit No. on back/AMEX: 4 digit no. on front)

□□□□

Card Holder Name _____ Signature _____

Exp. Date _____ / _____

TOTAL	\$
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TERMS & CONDITIONS

I accept the Terms & Conditions outlined within the Sponsorship Prospectus:

Signature. _____

Full Name. _____

Position. _____

Date. _____