



48th Annual Scientific Meeting of The Australian
and New Zealand Society for Immunology
8-12 December 2019 | Adelaide | South Australia

Sponsorship Form

Personal Details

Please note all correspondence including invoices will be sent to the contact supplied below.

Company Name _____

Contact Person _____

Position _____ Email _____

Telephone _____ Fax _____

Address _____

State _____ Postcode _____

Country _____ Website _____

Sponsorship Opportunities

Please tick appropriate box. All sponsorship prices are in AUD and inclusive of 10% GST (Goods and Services Tax)

Sponsorship Opportunities

- | | |
|---------------------------------|----------|
| <input type="checkbox"/> Gold | \$20,000 |
| <input type="checkbox"/> Silver | \$12,000 |
| <input type="checkbox"/> Bronze | \$5,500 |

- | | |
|--|---------|
| <input type="checkbox"/> Welcome Reception Sponsor | \$6,600 |
| <input type="checkbox"/> Student Function Sponsor | \$5,500 |
| <input type="checkbox"/> Special Interest Workshop Sponsor | \$2,500 |
| <input type="checkbox"/> Host a Corporate Workshop | \$4,400 |

Individual Sponsorship Opportunities

- | | |
|--|---------|
| <input type="checkbox"/> International Speaker Sponsor | \$5,500 |
| <input type="checkbox"/> Conference Dinner Sponsor | \$8,800 |
| <input type="checkbox"/> Coffee Cart Sponsor | \$5,500 |
| <input type="checkbox"/> Foundation Flagship Session Sponsor | \$5,500 |
| <input type="checkbox"/> New Investigator Session Sponsor | \$5,000 |

- | | |
|---|---------|
| <input type="checkbox"/> Delegate Satchel Sponsor | \$5,500 |
| <input type="checkbox"/> Pocket Program Sponsor | \$3,300 |
| <input type="checkbox"/> Name Badge & Lanyard Sponsor | \$2,500 |
| <input type="checkbox"/> Program Book Advertising – Full Page | \$2,400 |
| <input type="checkbox"/> Program Book Advertising – Half Page | \$1,200 |

I agree to be invoiced for a total of \$ AUD _____ including 10% GST for the items selected above.

Signature _____

Date ___/___/___

Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

Sponsorship Total _____



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Exhibition Form

Exhibition Booth Requirements

Priority of placement within the exhibition will be offered to sponsors first and then sold in accordance with the date of application receipt.

Preferred exhibition location:

First Choice: _____

Second Choice: _____

Third Choice: _____

CONDITIONS OF PAYMENT

- Payment of a 25% deposit is required upon confirmation of your sponsorship and exhibition selections. 25% of the balance owing will be due 3 months prior to the event commencing.
- The remaining 50% will be due 1 month prior to the event commencing.

Exhibition Confirmation

	Cost (AUD)	Total inc GST
<input type="checkbox"/> Exhibition Booth	\$3,500 incl 10% GST	_____

Declaration: I have read & accept the terms & conditions in the prospectus and wish to become an exhibitor at ASI 2019.

I agree to be invoiced for a total of \$ AUD _____ incl GST.

Signature _____ Date ____/____/____

Application forms may be emailed to the contact listed below.

A tax invoice will be sent upon receipt of your application form.

Exhibition Total _____

Method of Payment

Tick appropriate box

I wish to pay by bank transfer. Bank details will be supplied on your tax invoice issued with confirmation

I wish to pay by credit card. A link will be sent to you via email to complete payment online.

Please Note: All credit card payments will appear as "ICMS Australasia Pty Ltd" on your statement

Forward completed application forms to:

Emma Bowyer
ASI 2019 Sponsorship Director
Phone: 02 9254 5000
Email: emmab@icmsaust.com.au