

FLPA Retreat 2024

SPONSORSHIP AGREEMENT FORM

NOTE: THIS EDITABLE PDF MUST BE DOWNLOADED BEFORE COMPLETING AND SUBMITTING

ICEBERG EVENTS ABN 84 084 581 153

CONTACT DETAILS

Title (Mr/Mrs/Ms)	First Name	Surname
Position		
Organisation		
Postal Address		
Suburb/City	State	Postcode
Phone	Mobile	
Email		

SPONSORSHIP OPPORTUNITIES

	(INC GST)
<input type="checkbox"/> MAJOR SPONSOR	\$7,000
<input type="checkbox"/> FLPA SOCIAL FUNCTION SPONSOR	\$5,000
<input type="checkbox"/> SACHEL SPONSOR	\$5,000
<input type="checkbox"/> LANYARD SPONSOR	\$4,000
<input type="checkbox"/> EXHIBITION BOOTH	\$3,300
<input type="checkbox"/> COFFEE CART SPONSOR	\$3,300
<input type="checkbox"/> RETREAT SURVIVAL PACK SPONSOR	\$3,000

<input type="checkbox"/> MOBILE PHONE CHARGING STATION SPONSOR	\$2,700
<input type="checkbox"/> SOCIAL FUNCTION PHOTO BOOTH	\$2,500
<input type="checkbox"/> PLENARY SESSION SPONSOR	\$2,500
<input type="checkbox"/> WATER BOTTLE SPONSOR	\$2,500
<input type="checkbox"/> WELCOME GIFT SPONSOR	\$2,500
<input type="checkbox"/> WELCOME DRINKS SPONSOR	\$2,500
<input type="checkbox"/> POST RETREAT DRINKS SPONSOR	\$2,500
<input type="checkbox"/> CONCURRENT SESSION SPONSOR	\$600

BOOTH PREFERENCES Select your top three preferences from the Exhibition Area Floor Plan

Only required for exhibitor category

#1	#2	#3
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Are you having a custom stand? Yes No

PAYMENT DETAILS Total Amount Payable AUD (including GST) \$

A tax invoice will be issued once your sponsorship application has been approved and processed. The tax invoice will outline payment options and terms as per this agreement.

DECLARATION I have read the sponsorship packages and agree to the 'Terms & Conditions' outlined on the website. I declare that I am authorised to make this commitment on behalf of my organisation. By selecting my booth preferences, I understand that it is an indication only and is subject to availability and change. The Family Law Retreat organisers will confirm my final booth allocation 4-6 weeks prior to the Retreat. By signing this agreement form I confirm that our organisation has our own insurance and should a copy of our insurance policy be required, I agree to provide this to the Retreat organisers.

Name: _____ Signature: _____

TO SECURE YOUR PLACE: DOWNLOAD THIS PDF, COMPLETE AND RETURN TO:

Email katie@icebergevents.com.au or Post Family Law Retreat, c/- Iceberg Events, PO Box 1179, Milton Qld 4064

Enquiries to: **Katie Tomkins**, Event Manager, Iceberg Events
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www.familylawretreat.com.au