

INNOVATE, INTEGRATE, INSPIRE
NAVIGATING THE FUTURE OF OCCUPATIONAL MEDICINE

20 - 23 October 2024

**The Australian and New Zealand Society of
Occupational Medicine Annual Scientific Meeting**



SPONSOR AGREEMENT FORM

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

CONTACT DETAILS

ICEBERG EVENTS ABN 84 084 581 153

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"/> GOLD SPONSOR	\$18,000	<input type="checkbox"/> WELCOME RECEPTION SPONSOR	\$3,500
<input type="checkbox"/> SILVER SPONSOR	\$12,000	<input type="checkbox"/> CONFERENCE EXHIBITION	\$3,200
<input type="checkbox"/> BRONZE SPONSOR	\$8,000	<input type="checkbox"/> CHILL & RECHARGE SPACE	\$2,500
<input type="checkbox"/> CONFERENCE DINNER SPONSOR	\$6,500	<input type="checkbox"/> SESSION/STREAM SPONSOR	\$1,500
<input type="checkbox"/> SITE VISIT SPONSOR	\$3,500		

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 and agree to the sponsorship terms and conditions outlined on the conference website. Notice of cancellation must be submitted in writing prior to 23 August 2023 (50% cancellation fee will apply). Cancellations received after 23 August will not be refunded.

I declare that I am authorised to make this commitment on behalf of my organisation. By signing this agreement form I confirm that our organisation has our own Public Liability Insurance and should a copy of our insurance policy be required, I agree to provide this to the Conference organisers.

Name: _____ Signature: _____

Enquiries to: Caitlin O'Keefe, Event Manager, Iceberg Events
Phone: 07 3876 4988 Email: caitlin@icebergevents.com.au