## Sponsorship & Exhibition Booking Form

Please post or email this form to:		<b>Australasian Division of the Interna</b> PO Box 74, Cherrybrook, NSW 2126 Australia			national Academy of Pathology Tel: +61 2 9894 6811 Email: info@iap-aus.org.au				
Company Name									
Contact Name	Position								
Postal Address									
Suburb		State			Postcode				
Telephone	( )	Fax ( )			Mobile				
Email		Website							
<b>Exhibition bookings</b> Please confirm your Exhibition package selection below (please tick). All prices are Australian Dollars.									
Bronze Exhibitor (3 x 3m stand) \$5,500 + GST per				Total Number of booths required					
Silver Exhibitor (6 x 3m stand) \$9,9		00 + GST per booth <b>Exhibition Total Amount \$</b>		ibition Total Amount \$					
Sponsorship bookings									
Please confirm your Sponsorship selection below (please tick). All prices are Australian Dollars.									
Gold Sponso	Gold Sponsor - \$16,500 + GST				Independent Lunch Meeting (hosting) \$11,000 + GST				
International Keynote Speaker Sponsor - \$11,000 + GST			ST		Poster Zone \$5,500 + GST				
Session Sponsor - \$5,500 + GST					Name Card Sponsorship \$2,500.00 + GST				
Cocktail Par	Cocktail Party Sponsor - \$11,000 + GST ADVERTISING SPONSORSHIPS								
Lunch Spons	)0 + GST	GST							
Lunch Spons	nsor Friday Buffet Luncheon - \$5,500 + GST				Merchandise(s) Sponsor (at your cost)				
Lunch Sponsor Saturday Buffet Luncheon - \$2,750 + GST									
Lunch Spons	Lunch Sponsor Sunday Buffet Luncheon - \$2,750 + GST								
Morning & A	Morning & Afternoon Tea Sponsor - \$2,750 + GST Sponsorship Total Amount \$								

## **Payment schedule**

A 50% deposit is required to secure your Sponsorship/Exhibition Booking. Final Payment MUST be made before 31<sup>st</sup> March 2025. Payments can be made via EFT, Visa or Master Card. Please select a payment option below:

EFT - Please contact the office at info@iap-aus.org.au for Tax invoice

Ma	ster card	VISA		TOTAL AMOUNT PAYABLE \$				
If paying by Visa or Master Card, please complete the details below.								
Card nu	umber Expiry Date (MM/YYY)							
Full nam	ne on card							
Amount	to be debited							
Signatur	re	Date						
Cancellation Policy: Notice of cancellations should be received in writing and addressed to IAP by email to info@iap-aus.org.au prior to the meeting commencing. If a confirmed Exhibitor or Sponsor cancels before 31st March 2025 a 50% cancellation fee will apply. No refunds will be issued to Exhibitors or Sponsors after this date. An Exhibition/Sponsorship trade kit, detailing information regarding the exhibition will be sent prior to the meeting.								
PRIVACY	STATEMENT	contract		e my details with suppliers and and also agree for any photographs ted on the IAP website.	NO, l do not consent.			
Name		Company						
Signed		Date						