



International Evidence-Based Complementary Medicine Conference

13-15 March 2009, University of New England, Armidale, NSW

SPONSORSHIP & EXHIBITION

Organisation/Company

Contact person Position

Address

Suburb State Postcode

Telephone Fax

Mobile Email

Name/s of person/s attending with sponsorship package (see numbers below)

.....

.....

Name/s of additional exhibitor attendee/s (payment required)

.....

Category	Tick category	Cost	Number of delegates per sponsorship	
Platinum Sponsor		\$12,000	4	<i>Separate invoices will be sent to all Exhibitors for sponsorship packages.</i>
Gold Sponsor		\$8,000	4	
Silver Sponsor		\$4,000	2	
Trade Exhibition		\$1,800	1	
Trade Breakout		\$1,000	1	
Conference bag insert		\$400	0	
<i>Payment required with form for additional exhibitor attendees and conference dinner</i>				
		Cost per person	Number attending	Total Cost
Additional exhibitor attendee		\$85/day		
Conference dinner		\$75		
Total cost				\$

Sponsorship package includes entry to all sessions, conference bag, cocktails, morning and afternoon teas, Saturday and Sunday lunch for all exhibitors.

NB does not include conference dinner or additional exhibitor attendees.

All prices include GST.

Enclosed is a cheque (payable to University of New England) for \$

Please charge \$..... to my Visa Mastercard

Number _____

Name of cardholder Expiry date/...../.....

Signature

Continue over =>



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Dietary requirements (insert appropriate number of people included on this form)

Vegetarian Gluten free Dairy free Other

Your preferred method of communication Email Phone Post

Any other relevant information

Sponsorship terms and conditions

1. The Conference Committee reserves the right to reject a sponsorship application at any time.
2. Australian regulations require all Exhibitors to be adequately covered for Public and Product Liability insurance (A\$10 m). This refers to damage or injury caused to third parties/visitors on or in the vicinity of an exhibition stand.
3. No sponsor shall assign, sublet or apportion the whole or any part of their sponsorship or exhibition package except upon prior written consent of the Conference Committee.
4. **Cancellation Policy:** In the event of exhibition cancellation, a service fee of A\$400 applies for cancellations prior to 27 February 2009. No refunds will be made for cancellations after this date. After sponsorship has been confirmed and accepted, a reduction in sponsorship is considered a cancellation and will be governed by the above cancellation policy.
5. **Privacy:** Data collected on this form will only be used by the Conference Committee and staff to provide information necessary to the service providers for the purpose of assisting you with your participation. All information will be held on a database and will not be made available to any other persons or organisations nor sold or revealed to third parties.
6. **Liability:** The Conference Committee accepts no responsibility for delay or cancellation of the conference due to extraneous circumstances. Whilst all care will be taken for security of the conference rooms and associated sites, the Committee cannot take any responsibility for loss, damage or theft of equipment or personal or other items belonging to exhibitors or attendees.

Declaration

I have read and accept the terms and conditions and request that you confirm our conference sponsorship.

Signed Date

Name Position

Please email, fax or mail the completed form to:

Email: a.cowper@nhaa.org.au

Fax: 02 8765 0091

Post: Anne Cowper
UNE Conference
3 Short Street
Morisset NSW 2264

Mobile 0409 450 202



UNE International Conference
Evidence Based Complementary Medicine
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<http://www.conferencecompany.com.au/compmed/>