

SPONSORSHIP

APPLICATION FORM



9 – 12 July 2007, Cairns, Australia

CONTACT 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 (tick appropriate box)** All sponsorship prices are exclusive of 10% GST (Goods and Services Tax)

- | | | | | |
|---|------------|---|---|---|
| <input type="checkbox"/> Gold Sponsor | AUD 10,000 | Bronze Sponsor | <input type="checkbox"/> Congress Satchel..... AUD 5,000 | <input type="checkbox"/> Corporate Sponsor..... AUD 2,000 |
| <input type="checkbox"/> Silver Sponsor | AUD 7,500 | <input type="checkbox"/> Congress Note Pad and Pen..... AUD 5,000 | <input type="checkbox"/> Welcome Reception..... AUD 5,000 | <input type="checkbox"/> Associate Sponsor..... AUD 1,000 |
| | | <input type="checkbox"/> Congress Dinner..... AUD 5,000 | | |

▪ All sponsorship prices are exclusive of 10% GST (Goods and Services Tax)
 I agree to be invoiced for a total of \$_____ + GST for the items selected above.

Signature_____ Date_____

Application forms may be faxed or mailed to the contact below.
 Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

<p>PAYMENT SCHEDULE 50% - On Application 50% - 30 April 2007</p>

METHOD OF PAYMENT (tick appropriate box)

- I wish to pay by cheque. Cheque payable details will be supplied on your tax invoice issued with placement confirmation.
- 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: Visa MasterCard Bankcard Amex Diners Club
- Credit Card Number _____ / _____ / _____ / _____
- Card Holder's Name..... Signature..... Expiry Date...../...../.....

<p>Subtotal.....</p> <p>10% GST.....</p> <p>TOTAL.....</p>

Please Note: All credit card payments will appear as "ICMS Australasia" on your statement and will incur a 5% surcharge

Please tick this box if you do NOT wish to receive Conference Updates via email

POST OR FAX YOUR COMPLETED APPLICATION FORM TO:

Sponsorship & Exhibition Operations Manager
 ICSV14
 GPO Box 3270, Sydney NSW 2001, Australia
 Phone: +61 2 9254 5000

Email: fallons@icmsaust.com.au
 Website: www.icsv14.com

FAX: +61 2 9251 3552