



PAYMENT

An initial deposit of 50% of the total cost of your package is required to secure any sponsorship package. The balance of 50% is due by 28 February 2009. Final monies must be paid in full by 28 February 2009.

Payment may be made by cheque, credit card or by electronic funds transfer. Sponsors/exhibitors wishing to pay by electronic funds transfer should send a receipt of their transfer to the Forum Secretariat to ensure their payment is correctly allocated. Banking details for electronic funds transfer is as follows:

Account Name	Palliative Care Australia National Conference
Account Number	10143675
BSB Number	062-905
Bank Name	Commonwealth Bank of Australia
Description	[Enter your company name & the word 'sponsor']

TERMS AND CONDITIONS

- Sponsorship packages will be allocated in order of receipt of application forms and payment.
- The Organisers accept no liability for damage to exhibits by loss, damage, theft, fire, water, storms, strikes, riots or any cause whatsoever. Sponsors/ exhibitors are advised to insure against such liability.
- The Sponsor is responsible for all personal injury or damage to property arising in connection with the exhibition display area, howsoever caused. The Sponsor/Exhibitor will indemnify the Organisers in respect of any claim and demands in respect thereof. The Sponsor/Exhibitor must take out adequate insurance in respect of all such claims.
- The Organisers reserve the right to change the venue and duration if exceptional circumstances demand. In the event of a change of venue and/or duration, the agreement to participate will remain in force so long as the Sponsor/Exhibitor is informed at least one month before the changes.
- The Sponsor undertakes that they will not hold any events or social functions on the same date or time as official Conference Program sessions or social functions.
- Sponsorship deposits and payments once received are non refundable. In the event a sponsor/exhibitor does not comply with the sponsorship schedule, the organisers reserve the right to cancel the sponsorship agreement and all monies paid by the sponsor shall be forfeited.

CRITICAL DATES

Deposit of 50% of package due	Immediately upon booking sponsorship package
Final payment of 50% of package due	28 February 2009
Exhibitor Manuals distributed	TBC 2009
Registration forms due	TBC 2009
Full payment of sponsorship due	28 February 2008

EXHIBITOR MANUAL

All sponsors with exhibition booth entitlements will be sent an Exhibitor Manual to assist them in the set up of their exhibition space, three months prior to the commencement of the Forum. The Exhibitor Manual will include confirmation of bump in and out dates and times, delivery details and labels, Internet connections and more.



SPONSORSHIP BOOKING FORM

All prices include GST. A tax invoice will be issued upon receipt of Form.

I / We wish to participate as a Sponsor at Together! 2009

Contact name:

Position:

Organisation:

Postal Address:

State:

Postcode:

Phone:

Fax:

Email:

Mobile:

SPONSORSHIP PACKAGE PREFERENCES

I / We would like to take up the following sponsorship package(s):

1 st preference	_____	Cost	\$
2 nd preference	_____	Cost	\$
		TOTAL	\$

EXHIBITION BOOTH/S (please list in order of preference if applicable to sponsorship package):

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

I/We understand that booth(s) will be preferentially allocated to major sponsors, and remaining booths sold in order of receipt of booking and payment. Should the exhibition floor plan require expansion or retraction, the Organising Committee has the right to make the necessary changes. Approval of Exhibitors is at the sole discretion of the Organising Committee.

CONDITIONS

I / We accept the terms and conditions of undertaking a Sponsorship package for the International Palliative Care Conference

Signed _____

Date _____

ATTENDANCE

I/We understand all exhibitor staff must register either as part of the sponsorship's complimentary registration entitlement or as Extra Exhibitor Staff.

Signed: _____ Date: _____

(for and behalf of the exhibitor listed above)

PLEASE COMPLETE PAYMENT DETAILS OVERLEAF



PAYMENT DETAILS

- I enclose cheque payable to "Palliative Care Australia National Conference"
- I am faxing my booking form and cheque will follow.
- I am faxing my booking form and making payment by electronic funds transfer*
- I wish to pay by credit card and hereby authorise you to charge the amount of \$ _____ to my card.

Type of credit card: Visa MasterCard

Name on card: _____

Card number: _____ Expiry date: _____

Signature: _____

PAYMENT DEADLINES: 50% deposit on application. Balance due 28 February 2009

Please send completed form with payment to: Together! 2009
PO Box 24
DEAKIN WEST ACT 2600 AUSTRALIA
Fax: +61 2 6232 4434

EFT DETAILS:

Account Name Palliative Care Australia National Conference
Account Number 10143675
BSB Number 062-905
Bank Name Commonwealth Bank of Australia
Description [Enter your company name & the word 'sponsor']



EXTRA EXHIBITOR STAFF BOOKING FORM

All prices include GST. A tax invoice will be issued upon receipt of this Extra Exhibitor Staff Booking Form.

Each Extra Exhibitor Staff member from your company may be listed below. Confirmation will be sent to the Extra Exhibitor Staff member directly unless otherwise requested.

Contact name: _____

Position: _____

Organisation: _____

Postal Address: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____ Mobile: _____

	<u>Name(s)</u>	<u>Cost</u>
Extra Exhibitor Staff	_____	\$XXX each

		TOTAL \$ _____

Conditions

We understand that the Extra Exhibitor Staff registration does not include admittance to the Conference Dinner

Signed _____ Date _____

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- I am faxing my booking form and making payment by electronic funds transfer*
- I am faxing my booking form and cheque will follow.
- I wish to pay by credit card and hereby authorise you to charge the amount of \$ _____ to my card.

Type of credit card: Visa MasterCard

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Please send completed form with payment to:
Together! 2009
 PO Box 24
 DEAKIN WEST ACT 2600 AUSTRALIA
 Fax: +61 2 6232 4434