



Global Health Security 2019

International Convention Centre | Sydney 18-20 June 2019

Sponsorship Form

Personal 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

Please tick appropriate box. All sponsorship prices are in AUD and inclusive of 10% GST (Goods and Services Tax)

Partnerships

- | | |
|--|---------|
| <input type="checkbox"/> Conference Partner | 110,000 |
| <input type="checkbox"/> Platinum | 55,000 |
| <input type="checkbox"/> Gold | 44,000 |
| <input type="checkbox"/> Silver | 26,500 |
| <input type="checkbox"/> Bronze | 11,000 |
| <input type="checkbox"/> Institutional Partner | 11,000 |

Program Sponsorships

- | | |
|--|---------|
| <input type="checkbox"/> Plenary Session Sponsorship | \$9,900 |
| <input type="checkbox"/> Keynote Session Sponsorship | 7,700 |
| <input type="checkbox"/> Breakfast and Evening Workshops | 5,500 |
| <input type="checkbox"/> Concurrent Sessions | 2,200 |
| <input type="checkbox"/> Poster Display | 11,000 |

Legacy Sponsorships

- | | |
|---|--------|
| <input type="checkbox"/> Sponsored Delegate | 5,500 |
| <input type="checkbox"/> Volunteers | 11,000 |

Social Events/Catering

- | | |
|---|------------|
| <input type="checkbox"/> Conference Dinner | 22,000 |
| <input type="checkbox"/> Welcome Reception | 16,500 |
| <input type="checkbox"/> Closing Ceremony | 11,000 |
| <input type="checkbox"/> Refillable Water Bottles | 12,000 |
| <input type="checkbox"/> Barista Zones | 8,800 |
| <input type="checkbox"/> Catering Breaks | from 2,200 |

Technology, Delegate Services & Communications

- | | |
|---|--------|
| <input type="checkbox"/> Internet Café / Wi-Fi | 22,000 |
| <input type="checkbox"/> Satchel Bags | 22,000 |
| <input type="checkbox"/> Conference App/On-line Program | 11,000 |
| <input type="checkbox"/> Media Room Sponsor | 7,700 |
| <input type="checkbox"/> Name Badge and Lanyard | 8,800 |
| <input type="checkbox"/> Speakers Preparation Room | 5,500 |
| <input type="checkbox"/> Satchel Inserts or Electronic Advert | 1,100 |

I agree to be invoiced for a total of \$ AUD _____ including 10% GST for the items selected above.

Signature _____

Date ____/____/____

Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

Sponsorship Total _____



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Exhibition Form

Exhibition Booth Requirements

Priority of placement within the exhibition will be offered to sponsors first and then sold in accordance with the date of application receipt.

Preferred exhibition location:

First Choice: _____

Second Choice: _____

Third Choice: _____

CONDITIONS OF PAYMENT

- A 50% deposit is required upon confirmation of your Conference partnership item and/or booth number. The Conference organisers are happy to discuss a payment plan with you. Full payment will be due 28 February 2019.
- Payment must be made for all Conference partnership and exhibition monies prior to close of business 28 February 2019. Failure to do so may result in your Conference partnership item or exhibition stand being released again for sale.

Exhibition Confirmation

	Cost (AUD)	Total inc GST
<input type="checkbox"/> 9sqm Booth	8,800 incl 10% GST	_____
<input type="checkbox"/> Table Top Display	4,400 incl 10% GST	_____
<input type="checkbox"/> Not for Profit Table Display	2,200 incl 10% GST	_____

Declaration: I have read & accept the terms & conditions in the prospectus and wish to become an exhibitor at Global Health Security 2019.

I agree to be invoiced for a total of \$ AUD _____ incl GST.

Signature _____ Date ____/____/____

Application forms may be emailed to the contact listed below.
A tax invoice will be sent upon receipt of your application form.

Exhibition Total _____

Method of Payment

Tick appropriate box

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 Amex

Credit Card Number Expiry Date ____/____

Card Holder's Name _____ Signature _____

Please Note: All credit card payments will appear as "ICMS Australasia Pty Ltd" on your statement

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

Forward completed application forms to:

GHS 2019 Sponsorship and Exhibitions

Emma Bowyer

Tel: +61 2 9254 5000

Fax: +61 2 9251 3552

Email: sponsorship@ghs2019.com

exhibition@ghs2019.com