



Sponsorship Form

View options at the Conference website
www.ausimplementationconference.net.au

This form becomes a Tax Invoice upon payment. Please retain a copy for your records.

Cancellation and refund policy

Cancellations must be submitted in writing to ARACY.

Cancellations made before 25 July 2014 will receive a 75% refund of the total amount booked.

Cancellations made on or between 26 July and 29 August 2014 will receive a 50% refund of the total amount booked.

Cancellations made on or after the 30 August 2014 will not receive a refund.

Please complete and return this form, accompanied by your payment in Australian dollars to:

2nd Biennial Australian Implementation Conference
PO Box 5070 Braddon ACT 2612
fax: 02 6248 8764 | email: events@aracy.org.au
ABN: 25 023 841 736

Organisation Information (Please print in block letters)

Title (Prof/Dr/Mr/Ms/Mrs/Miss)	Given Name :	Family Name :
Company/Organisation :		
Position :		
Mailing Address :	Postcode :	
Country :		
Phone Business :	Mobile :	Fax :
Email :		

Sponsorship | All rates are per package and are quoted in Australian Dollars exclusive of GST.

Item	Please tick or add quantity	Value	Sponsorship Value
Major Partner	<input type="checkbox"/>	AUD 20,000	\$
Associate Partner	<input type="checkbox"/>	AUD 15,000	\$
Supporting Partner	<input type="checkbox"/>	AUD 10,000	\$
Session Partner - International Speaker	<input type="checkbox"/>	AUD 7,500	\$
Session Partner - National Speaker	<input type="checkbox"/>	AUD 5,000	\$
Session Partner - Concurrent/Workshops/Breaks	<input type="checkbox"/>	AUD 2,500	\$
Welcome Reception Partner	<input type="checkbox"/>	AUD 4,000	\$
Exhibition Space - NGO	<input type="text"/>	AUD 2,000	\$
Exhibition Space - Corporate/ Government	<input type="text"/>	AUD 3,500	\$
Other <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	\$
Sponsorship SUB TOTAL			\$
GST 10%			\$
Sponsorship TOTAL			\$

Payment Details

Payment due by
26 July 2014

Please Invoice

All payments MUST BE IN
AUSTRALIAN DOLLARS (AUD).

ARACY
PO Box 5070 Braddon ACT 2612

Credit Card:

Please note that credit card charges will appear on your statement as ARACY.

Please charge my (tick which applicable)

MasterCard Visa

Card Number:

Card Expiry Date: / (mm / yy) (CSC)
Must be completed to process payment

Cardholder's Name (Please Print):

Cardholder's Signature: