HOW MEETS WHY
Clinical Practice and the Science Behind it

ANZCA ASM 2010

1 - 5 May 2010

Christchurch New Zealand

Sponsorship Application Form

GST Number: 101 205 592

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS AND FACULTY OF PAIN MEDICINE **www.anzca2010.com**

Please indicate your preference and return to the Conference Secretariat:

Rachel Cook
Conference Innovators Ltd
PO Box 13 494, Christchurch 8141, New Zealand
Telephone: + 64 3 379 0390, Facsimile: + 64 3 379 0460, Email: rachel@conference.co.nz

Sponsorship Opportunities

All sponsorship prices are inclusive of Goods and Services Tax (GST) 12.5% and will be allocated on a first in basis.

Principal NZ$ 61,400

- ☐ Option 1 (2 opportunities) - Internet Cafe
- ☐ Option 2 Delegate Satchels
- ☐ Option 3 Delegate Name Badge & Lanyard
- ☐ Option 4 (2 opportunities) Branded Lounges
- ☐ Option 5 (2 opportunities) Breakfast Session (surcharge of NZ$ 4,500)
- ☐ Option 6 (3 opportunities) Espresso Coffee Cart

Educational

- ☐ Satellite Symposia NZ$ 19,700
- ☐ Breakfast Sessions NZ$ 11,300
- ☐ Lunchtime Sessions NZ$ 8,100
- ☐ Conference Sessions NZ$ 14,700
- ☐ Workshops NZ$ 8,100
- ☐ PBLD's NZ$ 4,900
- ☐ Poster Presentation Area NZ$ 9,700

Publications

- ☐ Registration Brochure NZ$ 22,400
- ☐ Pocket Programme NZ$ 12,700
- ☐ ASM Handbook NZ$ 14,600

Delegate Services

- ☐ Speakers Preparation Room NZ$ 4,900

Social Functions

- ☐ ASM Conference Dinner NZ$ 38,200

Other Opportunities

- ☐ WiFi Sponsorship NZ$ 15,000
- ☐ Airbridge Signage NZ$ 10,700
- ☐ Writing pad and pen (Sponsor) NZ$ 3,300
- ☐ Writing pad and pen (ASM) NZ$ 8,300
- ☐ Water Fountains NZ$ 22,200

Company name: _____

Contact person: _____

Postal address: _____

City: _____ Country: _____

Telephone: _____ Facsimile: _____

Mobile: _____

Email: _____

Payment Details

- ☐ Yes, deduct my credit card below
- ☐ Direct credit – 06 0821 0590853 00
- ☐ Please send an invoice (full payment due by 20th month following original invoice date)

Credit Card Authorisation

☐ Please charge NZ$ _____ to the following credit card

Please circle card to be charged: Visa MasterCard AMEX

Cardholder Name: _____

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: _____

Signature: _____ Date: _____