

BOOKING FORM

Preventive Health Conference 2025



Organisation: _____
Contact Name: _____
Position: _____
Postal Address: _____
Phone: _____
Email: _____

| SPONSORSHIP PACKAGES | | |
|-------------------------------|---------------|--------------------------|
| Type | Cost | Select |
| Premier Sponsor | \$70,000 | <input type="checkbox"/> |
| Principal Sponsor | \$35,000 | <input type="checkbox"/> |
| Associate Sponsor | \$25,000 | <input type="checkbox"/> |
| Scholarship Sponsor | \$15,000 | <input type="checkbox"/> |
| International Speaker Sponsor | \$12,000 | <input type="checkbox"/> |
| Refreshment Break Sponsor | (tick 1 date) | <input type="checkbox"/> |
| • Monday 28 April 2025 | | <input type="checkbox"/> |
| • Tuesday 29 April 2025 | \$7,500 | <input type="checkbox"/> |
| • Wednesday 30 April 2025 | | <input type="checkbox"/> |
| Affiliation Sponsor | \$3,500 | <input type="checkbox"/> |

| EXHIBITION PACKAGE | | |
|-----------------------|---------|--------------------------|
| Trestle Table Display | \$2,900 | <input type="checkbox"/> |

All prices are in AUD and GST incl.

TOTAL SPONSORSHIP COST: _____

CONFIRMATION

Please note:

Upon completion of this form a tax invoice and contract will be provided.

Confirmation of sponsorship and exhibition spaces is conditional upon this form and contract being completed and all payment has been received.

The PHAA reserve the right to reassign any sponsorship or exhibition package if the terms and conditions outlined in the sponsorship and exhibition brochure are not fulfilled.

Upon confirmation, this contract is binding on the signature below:

Name of authorised person: _____
Position: _____
Signature: _____
Date: _____

To book a sponsorship package, please send your completed form to:
Manon David | E: m david@phaa.net.au | T: 02 6171 1305