2008 Annual Scientific Meeting, International Society for Prosthetics and Orthotics

20–22 November 2008 The Stamford Grand Hotel, Glenelg, South Australia

ISPO 2008 Sponsorship / Exhibition Application Form

TAX INVOICE ABN 31 074 612 687

Exhibitor / Sponsor Information

Contact Name: _____
TITLE GIVEN NAME FAMILY NAME

Position: _____

Company Name: _____

Address: _____ City _____

State: _____ Postcode: _____ Country: _____

Telephone: ( ) _____ Facsimile: ( ) _____

Email: _____

Names of company representatives attending the conference:

1. _____ Mobile: _____

2. _____ Mobile: _____

Sponsorship Option

Gold $18,000 ☐

Silver $12,000 ☐ Preferred Session: _____

Bronze $6,000 ☐ Preferred Session: _____

Exhibition Space $3,000

Please refer to the exhibition floor plan and indicate your preferred booth no.

Choice 1 ☐

Choice 2 ☐

Choice 3 ☐

Please list any companies you do not wish to be near. The Secretariat reserves the right to assign space(s) other than the choice requested.

_____ COMPANY NAME

_____ COMPANY NAME

_____ COMPANY NAME

Allocated on a first come basis after full payment received. Sponsors priority

Fascia Details

(BLOCK LETTERS)

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Satchel Inserts

$550 per item Please indicate if required: ☐ Yes ☐ No

Payment

Sponsorship $ _____

Booth(s) $ _____

Satchel Inserts $ _____

TOTAL $ _____

Please make cheques payable to:
ISPO CONFERENCE
All prices are inclusive of GST

OR ☐ MASTERCARD ☐ VISACARD

EXPIRY DATE / _____

Card No.

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name on Card: _____

Signature: _____ Date: / /

Cancellation Policy

Before 20 June 2008: Refund less 10%
After 20 June 2008: No refund applies

Please send form & payment to the ISPO Conference Secretariat

DC Conferences PO Box 637 North Sydney NSW 2059 Australia
Telephone: 02 9954-4400 Facsimile: 02 9954-0666 Email: ispo2008@dcconferences.com.au