

INDUSTRY SPONSORSHIP FORM

Contact: _____

Organisation: _____

Address: _____

City: _____ State/Country: _____ Postcode: _____

Ph: _____ Fax: _____

Email: _____

PoCT SES Sponsorship

Sponsorship	Amount AUD\$
Display of PoCT device (includes one registration)	\$850.00
<input type="checkbox"/> Yes, I require access to power	

Name of Registrant: _____

Special Requirements: _____

Yes, I will be attending the Closing Drinks

Additional registrations can be purchased via the online delegate registration form (\$245).

Display space is limited. Display of equipment must be confined to one table (a table and chair will be provided by the venue). If you require access to power, please ensure you bring your own extension cord.

Payment

Cheque - please make cheques payable to: **AACB**

Mastercard **Visa**

Card Number: _____

Card Name: _____

Amount \$: _____ Expiry Date: _____

Cardholders Signature: _____

Please complete and email to: lisa@aacb.asn.au

Or fax to: 02 9669 6607