

APPLICATION TO SPONSOR/EXHIBIT

To apply, complete this form and send to: C/-MCI Australia 82 Harris St, Pyrmont NSW 2009 Australia T: +61 2 9213 4016 E: thomas.howden@mci-group.com

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IMPORTANT: Your organisation's inclusions will be confirmed in writing and will become effective once agreed payment has been received.

CONTROL DETAILS OF ADDITIONAL									
CONTACT DETAILS OF APP	CONTACT DETAILS OF APPLICANT								
	VEN NAME				FAMILY NAME				
POSITION	INDUSTRY SECTOR								
ORGANISATION NAME (FOR INVOICING F	PURPOSES)								
ORGANISATION NAME (FOR MARKETING	PURPOSES)								
ADDRESS									
STATE CO	UNTRY	UNTRY			POSTCODE/ZIP				
TELEPHONE (inc. country code)		MOBILE (inc. country code)							
EMAIL	WEBSITE								
ONSITE CONTACT									
TITLE GIV	VEN NAME			FAMILY	/ NAME	:			
EMAIL		N	OBILE NUMBE	₹					
PARTICIPATION — PLEASE INDICATE OUR CHOSEN PARTICIPATION LEVEL									
□ DIAMOND SPONSOR □ DIAMOND SPONSOR □ PLATINUM SPONSOR LIVE SURGERY USD\$95,000 USD\$130,000		☐ PLATINUM SPONSOR USD\$95,000				☐ SILVER SPONSOR USD\$40,000		☐ EXHIBITOR (See exhibitor section for prices)	
EXHIBITION — PLEASE INDICATE OUR CHOSEN PARTICIPATION LEVEL									
	E UUN GHUSEN PI	ANTIGIPATION LEVEL							
SPONSORS									
SPONSOR LEVEL DIAMOND SPONSOR	PREFERENCE						TOTAL USD\$		
LUNCH SYMPOSIUM	☐ SHELL SCHE	ME (3m x 9m) OR □ FLOORSPACE (27m²)				INCL	UDED		
☐ DIAMOND SPONSOR LIVE SURGERY	☐ SHELL SCHE	ME (3m x 9m) OR				INCLUDED			
□ PLATINUM SPONSOR	☐ SHELL SCHE	CHEME (3m x 6m) OR ☐ FLOORSPACE (18m²)					INCL	LUDED	
☐ GOLD SPONSOR	☐ SHELL SCHE	CHEME (3m x 3m) OR				INCL	LUDED		
□ SILVER SPONSOR □ SHELL SCHEME (3m x 3m) OR □ FLOORSPACE (9m²) □ SEE BELOW + 50% DISCOUNT									
EXHIBITORS									
BOOTH TYPE	NO. BOOTHS OR M ² REQUIRED	EARLYBIRD Application and payment recand including 31 January 20		STANDAR Application after 1 Feb	n and pa	ayment received on or 016	TOTA	AL USD\$	
SHELL SCHEME BOOTH (3m x 3m - 9m²)		USD\$10,000 per booth	er booth USD\$12,000 per booth		USD\$				
FLOORSPACE ONLY (minimum 9m²)		USD\$1,100 per square met (minimum 9m²)	re	USD\$1,300 per square metre (minimum 9m²)		USDS	USD\$		
☐ MINI BOOTH (2m x 1m)		USD\$4,000 per booth USD\$				\$			
TOTAL OWING							USDS	3	



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EXHIBITION DETAILS								
IF YOU HAVE MORE THAN 1 X BOOTH/FLOORSPACE, WOULD YOU LIKE THEM LOCATED BESIDE EACH OTHER ON THE FLOORPLAN (if possible)								
LOCATION: The Congress Managers will endeavour to allocate space in line with your request, however this cannot be guaranteed.								
I DO NOT WISH to be located adjacent to these companies:								
I WISH to be located adjacent to these companies:								
FASCIA NAME SIGNAGE (SHELL SCHEME BOOTHS ONLY) Maximum of 30 characters including spaces								
ADDITIONAL OPPORTUNITIES — PLEASE INDICATE OUR CHOSEN ADDITIONAL OPPORTUNITIES								
THOUGHT LEADERSHIP AND NETWORKING								
GRAND ROUNDS – CASE STUDIES		☐ USD\$30,000						
PLENARY SPONSORSHIP		☐ USD\$30,000						
DELEGATE EXPERIENCE								
CONGRESS APP SPONSOR		☐ USD\$25,000						
LANYARD SPONSOR		☐ USD\$25,000						
ESPRESSO COFFEE CART AND TEA SPONSOR		☐ USD\$15,000						
APGS DEVELOPING NATIONS SPONSORSHIP		☐ USD\$15,000						
ADVERTISING								
CONGRESS APP ADVERTISING	☐ FULL PAGE COLOUR	USD\$2,500						
0.000	☐ FULL PAGE BLACK AND WHITE	USD\$2,000						
CONGRESS ADVERTISING SEAT DROP		USD\$1,500						
TOTAL OWING		USD\$						
PUBLIC LIABILITY INSURANCE								
	NAME OF INSURER:	NAME OF INSURER:						
For those exhibiting at the event, you must hold a current public liability insurance polic Entry to the venue will be denied if you have not provided this information. If you ar unable to organise insurance cover as required, please contact the Congress Manager	POLICY NUMBER:							
to discuss options.	EXPIRY DATE:							
INSURED AMOUNT:								
CONFIRMATION								
My signature below denotes that I accept the points listed in the terms and conditions, agree to be invoiced for the total amount payable, and am authorised to make the commitment on behalf of my organisation. I have read the sponsorship and exhibition prospectus; I understand and accept the inclusions, and agree to abide by the terms and conditions of participating in this event.								
INSERT TOTAL USD\$ AMOUNT PAYABLE	NAME (please print clearly)							
DATE DATE								
☐ PLEASE TICK IF YOU DO NOT WISH TO RECEIVE CONGRESS UPDATES VIA EMAIL								