

SPONSORSHIP APPLICATION FORM

2024 SOUTH AUSTRALIAN PREVOCATIONAL MEDICAL EDUCATION EXCELLENCE AWARDS

Sponsor details

Name:

Position:

Address:

Phone:

Mobile:

Email:

Sponsorship requested:

Gold \$10,000 inc. GST

Silver \$5,000 inc. GST

Pre-Dinner Drinks \$2,500 inc. GST

Photo Wall Sponsor \$2,500 inc. GST

Finalist Sponsor \$2,000 inc. GST

Award/Certificate Sponsor \$2,000 inc. GST

Total sponsorship amount (please confirm) \$

Your signature below is taken as acceptance of the relevant sponsorship entitlements as listed in this document, together with the acceptance of the terms and conditions.

I agree to the terms and conditions of the sponsorship request

Signed:

Name:

Date:

Please return the completed form to: HealthSAMET@sa.gov.au