

CONTACT DETAILS

Company _____

Contact Person _____

Telephone _____

Email _____

Address _____

Postcode _____

SPONSORSHIP (Inclusive of GST)

	On application
Major Partner	
Premium	\$8,800
Valued	\$6,600
Session	\$4,400
Breakfast Session	\$6,600
ASM Handbook	\$5,500
Social/Wellbeing	\$4,400
Critical Care Digital Journal	\$3,300
Advertising	Full Page \$1,100 Half Page \$550

EXHIBITION (Inclusive of GST)

Virtual Exhibition Zone	\$2,200
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METHOD OF PAYMENT

Electronic Transfer:

Please insert your company name as a reference when making the deposit. Email a copy of remittance to stephg@cicm.org.au

Account name: College of Intensive Care Medicine of Australia & New Zealand.

BSB: 013423

Account: 4771-38496

CREDIT CARD

Visa Card Master Card

Credit Card Number _____

CVV _____

Expiry date _____ / _____

Card holder's name _____

Signature _____

CORRESPONDENCE

All sponsorship and exhibition enquiries and bookings to:

Stephanie Gershon

Conference Organiser

**College of Intensive Care
Medicine of**

Australia and New Zealand

Suite 101, 168 Greville Street
Prahran VIC, 3181

Phone: 03 9514 2888

Email: stephg@cicm.org.au