



ACROSSTHE DIVIDE

Medicines Management 2009 | The 35th SHPA National Conference

Please complete form and return to Sally Ridgers, SHPA Industry and Conference Liaison
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SPONSORSHIP BOOKING FORM

Contact name

Position

Organisation

Postal address

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SPONSORSHIP PACKAGE PREFERENCES

I/we would like to take up the following sponsorship package(s):

_____ COST \$

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1st

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3rd

CONDITIONS

I/we accept the terms and conditions of undertaking a Sponsorship package for Medicines Management 2009, The 35th SHPA National Conference.

PAYMENT DETAILS

An invoice will be sent on receipt of the booking confirmation form.
If payment is not received within 30 days of receipt of the invoice your booking will be cancelled.