



Sponsorship Form

ABN 12 024 477 128

Company Name: _____.

Address: _____.

Suburb: _____ **State:** _____ **Postcode:** _____.

Contact Person: Title : _____ First Name : _____ Surname : _____.

Position : _____.

Telephone: () _____ **Mobile :** _____.

Email: _____.

Sponsorship fee is \$2,200 (GST inclusive) for 12 month and sponsorship will entitle your company to: -

- Inclusion in the advertising section of our website (www.acam.org.au);
- Direct link from the College's website to your company's website;
- 500 words to include in the newsletter as editorial. For example, details on a new product or your company details;
- Acknowledgment of your sponsorship with your logo appearing on the front page of our quarterly E-newsletter.

Payment can be made by :

Cheque Payable to **Australasian College of Aesthetic Medicine**

Credit Card **MasterCard** **Visa**

_____ -- -- --

Expiry Date ____/____. Name on Card: _____.

Signature: _____.

Please complete this form and return it with payment to ACAM Secretariat.

ACAM Secretariat
PO Box 637 North Sydney NSW 2059

Tel: 02 9016 4183 **Fax:** 02 9954 0666
E-mail: secretariat@acam.org.au