GP CME 2012 SPONSORSHIP & EXHIBITION FORM

General Practice Conference & Medical Exhibition | 07-10 June 2012

CONTACT DETAILS FOR BOOKING

Sponsor/Exhibitor Company: _____
Telephone: _____
Postal Address: _____
_____
Email: _____
Contact Person: _____

Company Profile for Proceedings booklet

Company Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____
Web: _____

Please supply 50 words to describe your company's products & services under the exhibitor listing category

_____
_____
_____

EXHIBITION PARTICIPATION NZD

Platinum Sponsor/Triple Stand	$17,500 + GST	= $_____
Gold Sponsor/Triple Stand	$10,500 + GST	= $_____
Silver Sponsor/Double Stand	$6,700 + GST	= $_____
Single Stand	$3,500 + GST	= $_____
Table Space	$2,000 + GST	= $_____

A - TOTAL $

Yes I require ❑Panels ❑Lighting ❑Power
Please avoid stand placement next to: _____
Our stand preference is: **1st** _____, **2nd** _____, **3rd** _____

SPONSORSHIP PARTICIPATION NZD

Satchel Insert	$500 + GST	= $_____
Satchel Sponsor	$7,500 + GST	= $_____
Name Tag Sponsor	$2,000 + GST	= $_____
Room Drop (per night:Fri/Sat)	$1,000 + GST	= $_____
Welcome Cocktail Function	$2,000 + GST	= $_____
Conference DInner Program	$5,000 + GST	= $_____
CDROM/DVD	$1,000 + GST	= $_____
Registration Brochure	$1,500 + GST	= $_____
Internet Station	$2,250 + GST	= $_____
Pocket Programme	$2,250 + GST	= $_____
Coffee Cart	$2,250 + GST	= $_____

B - TOTAL $

Please select categories you would like to be listed under in the product services listing

- ❑ ADHD
- ❑ Advisory Services
- ❑ Allergy
- ❑ Anaemia
- ❑ Appearance Medicine
- ❑ Arthritis
- ❑ Asthma & COPD
- ❑ Bedwetting Alarms
- ❑ Blood Pressure
- ❑ Books
- ❑ Books/Medical Information
- ❑ Cancer
- ❑ Cardiovascular
- ❑ Cervical Screening
- ❑ Cold & Flu
- ❑ Compression Bandages
- ❑ Compression Hosiery
- ❑ Constipation
- ❑ Depression
- ❑ Dermatology
- ❑ Diabetes
- ❑ Diagnostics
- ❑ ECG Vital Signs Monitor
- ❑ Education
- ❑ Educational Resources
- ❑ Elder Care
- ❑ Electromedical Equipment
- ❑ Electronic Decision Support
- ❑ Erectile Dysfunction
- ❑ Fertility
- ❑ Financial Services
- ❑ First Aid
- ❑ Footcare
- ❑ Furniture/Tables/Plinths
- ❑ Gastroenterology
- ❑ Generics
- ❑ Genetic Testing
- ❑ Government
- ❑ Haematology
- ❑ Hand Hygiene
- ❑ Hepatitis
- ❑ HIV/Aids
- ❑ Hypertension
- ❑ Immunisations/Vaccines
- ❑ Incontinence
- ❑ Infant Nutrition
- ❑ Infant Sleep
- ❑ Infection Control
- ❑ Inflammatory Bowel Disease
- ❑ Insomnia
- ❑ Insurance
- ❑ Kiwisaver
- ❑ Medical Equipment
- ❑ Melanoma
- ❑ Minor Surgical Procedures
- ❑ Movement Disorders (Parkinsons)
- ❑ Nasal Decongesant
- ❑ Nurse Triage
- ❑ Nutrition
- ❑ Obesity
- ❑ Oncology
- ❑ Ophthalmology
- ❑ Oral Hygiene
- ❑ Osteoporosis
- ❑ Pain Management
- ❑ Political Advocacy
- ❑ Practice Management Software
- ❑ Premature Ejaculation
- ❑ Professional Health Association
- ❑ Prostate Cancer
- ❑ Psoriasis
- ❑ Pulse Oximetry
- ❑ Recruitment/Locum Work
- ❑ Representation
- ❑ Resuscitation
- ❑ Risk Prediction
- ❑ Schizophrenia
- ❑ Sexual Wellbeing
- ❑ Skincare
- ❑ Sleep Apnoea
- ❑ Smoking Cessation
- ❑ Social Services
- ❑ Software Vendor
- ❑ Spirometry
- ❑ Supplements
- ❑ Surgical Instruments
- ❑ Sutures
- ❑ Thyroid Disorders
- ❑ Travel
- ❑ Ultrasound Handheld
- ❑ Urology
- ❑ Women's Health
- ❑ Wound Care
- ❑ Other: _____

EXHIBITION ATTENDEES NZD (GST Inc.)

	Name	Fri AM $69	Fri PM $69	Sat AM $69	Sat PM $69	Sun AM $69	Total
1.		❑	❑	❑	❑	❑	$
2.		❑	❑	❑	❑	❑	$
3.		❑	❑	❑	❑	❑	$
4.		❑	❑	❑	❑	❑	$
5.		❑	❑	❑	❑	❑	$
6.		❑	❑	❑	❑	❑	$
7.		❑	❑	❑	❑	❑	$
8.		❑	❑	❑	❑	❑	$
9.		❑	❑	❑	❑	❑	$
10.		❑	❑	❑	❑	❑	$

All attendees must be registered to attend the conference. For catering and name tag purposes please complete details for all attendees.

❑ **Special requirements:**
_____
_____

C - TOTAL $

ACCOMMODATION

Dates Arrive Day & Date	Dates Depart Day & Date	Total
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Accomodation is available at the following hotels. Please indicate your preference and bookings will be confirmed subject to availability.

❑Millennium Hotel (from $135) ❑Sudima Hotel (from $130) ❑Novotel Hotel (from $145)

D - TOTAL $

OPTIONAL EVENTS

Functions Cocktail Function Fri - Free	Functions Conference Dinner Sat - $95	Total
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

E - TOTAL $

A+B+C+D+E = GRAND TOTAL $

PAYMENT OPTIONS GST Tax Invoice Number 95-598-579

1. ❑ **Credit Card:** I authorise Conference Matters to charge my Visa/Mastercard/AMEX/Diners with the above Grand Total.

Card expiry date _____ /_____ Date_____ /_____ /_____

Print Name _____ Signature _____

2. ❑ **Cheque:**$_____ (NZD) payable to: Conference Matters.

3. ❑ **Electronic Transfer:**

Account Name:	Conference Matters	**Account Number:**	12 3099 0826112 00
Bank Name:	ASB Bank	**Bank Telephone:**	+64 9 430 4058
Bank City:	Whangarei	**Particulars:**	Company Name
Country:	New Zealand	**Payee Code:**	Your reference
Swift Code:	ASBB NZ 2A	**Reference:**	GPCME 2012

4. ❑ Please send me a GST invoice, PO No. (_____)

Return this form to **Conference Matters**, Fax +64 (0)9 437 4089 or post to PO Box 1661, Whangarei, New Zealand
All Enquiries to Leon +64 (0)21 164 3815 or leon@conferencematters.co.nz