GP CME 2021 SPONSORSHIP & EXHIBITION FORM

General Practice Conference & Medical Exhibition | 09-12 June 2022

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	$17,950 + GST	= $_____
Gold Sponsor/Triple Stand	$10,950 + GST	= $_____
Silver Sponsor/Double Stand	$6,950 + GST	= $_____
Single Stand	$3,950 + GST	= $_____
Table Space	$2,500 + 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	$2,500 + GST	= $_____
LeadCapture (per device)	$350 + GST	= $_____
Welcome Function	$4,000 + GST	= $_____
Conference Dinner Program	$5,000 + GST	= $_____
Recording Sponsorship	$1,500 + GST	= $_____
Registration Brochure	$1,500 + GST	= $_____
Internet Station	$2,250 + GST	= $_____
Pen Sponsor (plus 1,200 pens)	$500 + GST	= $_____
Coffee Cart	$2,250 + GST	= $_____
App Sponsorship	$5,000 + GST	= $_____
Banner Ad	$1,500 + GST	= $_____
Text Alert	$350 + 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
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

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

☐ Millennium Hotel (from $175) ☐ Sudima Hotel (from $185) ☐ Novotel Hotel (from $210)

(D) - TOTAL $

OPTIONAL EVENTS

Functions: Welcome Function Fri - Free	Functions: Conference Dinner Sat - $105	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 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:**	03 0498 0809412 00
Bank Name:	Westpac	**Bank Telephone:**	0800 400 600
Bank City:	Whangarei	**Particulars:**	Company Name
Country:	New Zealand	**Payee Code:**	Your reference
Swift Code:	WPACNZ2W	**Reference:**	GPCME 2022

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