EASTERN RANGES GP ASSOCIATION

Level 1, 22 Hardy St, Lilydale, 3140 / Ph: 9739 6751 / Fx: 9739 6791

GP CONTINUING PROFESSIONAL DEVELOPMENT

Sponsorship Agreement

Company / Address:

Contact:

Phone:

Activity:

Date / Time:

Venue:

GPs Expected:

Guide to Costs: ☐ Venue ☐ Catering ☐ Speakers Costs

Agreed Sponsorship: (inclusive GST)
An invoice will be forwarded after the event if you agree to sponsor this event.

Will a company representative be attending the activity? ☐ Yes ☐ No

Name/Position of Representative: ……..

Will there be a static display? ☐ Yes ☐ No

Will you be conducting a presentation? ☐ Yes ☐ No
(limited to 10 minutes maximum)

Please detail any specific requirements you may have, (i.e. audio/visual aids, table, etc)

Please authorise this agreement by signing and dating below before returning it to the Division:

…….. ……..
(Signature) (Date)

FAX BACK ON 9739 6791

NB: Program content and/or date may need to be changed due to unforeseen circumstances. Sponsors will be notified of proposed changes to ensure mutual convenience and understanding.