



INTERNATIONAL SOCIETY
FOR THE SCHOLARSHIP
OF TEACHING & LEARNING

The 12th annual conference of the International
Society for the Scholarship of Teaching and Learning

27-30 October 2015 in Melbourne, Australia

Sponsorship Form

PERSONAL DETAILS

Please note all correspondence including invoices will be sent to the contact supplied below.

Company Name _____

Contact Person _____

Position _____ Email _____

Telephone _____ Fax _____

Address _____

State _____ Postcode _____

Country _____ Website _____

SPONSORSHIP OPPORTUNITIES

Please tick appropriate box • All sponsorship prices are in AUD and are inclusive of 10% GST (Goods and Services Tax)

Platinum Partner \$10,000

Option 1 - Delegate Satchel

Option 2 - Delegate Name Badge Lanyards

Gold Partner \$7,500

Option 1 - Welcome Reception Branding

Option 2 - Conference Program Book Branding

Option 3 - Poster Area Branding

Silver Partner \$5,000

Morning Tea Break

Lunch Break

Afternoon Tea Break

Program Partnership Opportunities

Keynote Speaker Sponsor \$3,000

Workshop or Parallel Session Sponsor \$2,000

I agree to be invoiced for a total of \$_____ including 10% GST for the items selected above.

Signature _____ Date ____/____/____

Sponsorship agreement and tax invoice will be sent upon receipt of your application form.

Sponsorship Total _____



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Exhibition Form

EXHIBITION TABLE

Priority of placement within the exhibition will be offered to sponsors first and then sold in accordance with the date of application receipt.

Preferred exhibition location:

First Choice: _____

Second Choice: _____

Third Choice: _____

CONDITIONS OF PAYMENT

- A 50% deposit is required upon confirmation of your sponsorship item and/or booth number. The remaining 50% will be due 30 April 2015.
- Payment must be made for all sponsorship and exhibition monies prior to close of business 30 April 2015. Failure to do so may result in your sponsorship item or exhibition stand being released again for sale.

EXHIBITION CONFIRMATION

	Cost (AUD)	Total inc GST
<input type="checkbox"/> Display Table	\$1,500 incl 10% GST	_____

Declaration: I have read & accept the terms & conditions in the prospectus and wish to become an exhibitor at ISSOTL 2015.

I agree to be invoiced for a total of \$_____ incl GST.

Signature _____ Date ____/____/____

Application forms may be faxed or mailed to the contact listed below.

A tax invoice will be sent upon receipt of your application form.

Exhibition Total _____

METHOD OF PAYMENT

Tick appropriate box

I wish to pay by bank transfer. Bank details will be supplied on your tax invoice issued with confirmation

I wish to pay by credit card: Visa MasterCard Amex

Credit Card Number Expiry Date ____/____

Card Holder's Name _____ Signature _____

Please Note: All credit card payments will appear as "ICMS Australasia Pty Ltd" on your statement

Please tick this box if you do NOT wish to receive Meeting Updates via email

FORWARD COMPLETED APPLICATION FORMS TO:

ISSOTL 2015

PO Box 5005

South Melbourne VIC 3205

Australia

Tel: +61 7 3255 1002

Fax: +61 7 3255 1004

Email: partnerships@issotl2015.com.au