**1ST INTERNATIONAL CONFERENCE ON PEDIATRIC DENTISTRY AND PEDIATRICS**

SPONSORSHIP FORM

**Please email the completed form to: contact@ficppd.org**

**Personal Details**

Please note all correspondence including invoices will be sent to the contract supplied below:

*Company name: ……………………………………………………………………………………………………………………………………..*

*Contact Person: ……………………………………………………………………………………………………………………………………..*

*Position: …………………………………………….*

*Email: ……………………………………………….*

*Phone: ………………………………………………*

*Fax: ………………………………………………….*

*Address: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………*

*Suburb: …………………………………………. State: …………………………… Postcode: ……………………………..*

*Website: ………………………………………………………………………………………………………………………………………………..*

*Who was your contact for this event? …………………………………………………………………………………………………*

**Please email a High-Resolution image/logo in JPEG or EPS format for printing/digital materials**

**Sponsorship Opportunities**

Please tick appropriate box.

Bronze $500 - $1000

Silver $1000 - $1500

Gold $1500 - $2000

Platinum Over $2000

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I agree to be invoiced for a total of USD $............................ plus GST for the items selected above

Signature. ……………………………………………………… Date: ……/……/…………