



# AIP AUSTRALASIAN PACKAGING CONFERENCE

April 1 & 2 2020  
PARTNERSHIP OPPORTUNITIES

## YES I WOULD LIKE TO BE A PARTNER FOR THE 2020 AIP AUSTRALASIAN PACKAGING CONFERENCE

<input type="checkbox"/>	Satchel Inclusion	\$1,000 + GST
<input type="checkbox"/>	Bronze Partner	\$5,000 + GST
<input type="checkbox"/>	Silver Partner	\$6,500 + GST
<input type="checkbox"/>	Gold Partner	\$8,500 + GST
<input type="checkbox"/>	Platinum Partner	\$11,000 + GST

### EXCLUSIVE SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/>	<del>Illustrator/Visual Designer Partner</del>	<del>\$3,500 + GST</del>	<b>SOLD</b>
<input type="checkbox"/>	<del>Lunch Partners</del>	<del>\$4,000 + GST</del>	<b>SOLD</b>
<input type="checkbox"/>	<del>Cocktail Evening Partner</del>	<del>\$6,000 + GST</del>	<b>SOLD</b>
<input type="checkbox"/>	<del>Coffee Station Partner</del>	<del>\$6,000 + GST</del>	<b>SOLD</b>
<input type="checkbox"/>	Lifestyle Speaker Partner	\$7,000 + GST	
<input type="checkbox"/>	Conference APP Partner	\$7,000 + GST	
<input type="checkbox"/>	<del>Dinner Entertainment Partner</del>	<del>\$8,000 + GST</del>	<b>SOLD</b>

## YOUR DETAILS

Mr/Ms/Miss	Given Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	Company	
<input type="text"/>	<input type="text"/>	
Address	Suburb	
<input type="text"/>	<input type="text"/>	
State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Mobile	
<input type="text"/>	<input type="text"/>	
Email Address (Please print clearly)		
<input type="text"/>		

## PAYMENT

I understand that upon submitting this completed form that a  
Tax Invoice will be raised and emailed to the nominated person.

TOTAL \$

Please return this form to:  
Mark Kelton Australian Institute of Packaging (AIP) mark@aipack.com.au



# AIP AUSTRALASIAN PACKAGING CONFERENCE

April 1 & 2 2020

## TERMS AND CONDITIONS

The Partner must pay to the AIP the total amount set out in accordance with the agreed payment schedule. If any payment is not made by the Partner in accordance with the agreed payment schedule, the AIP may, in its absolute discretion, terminate this Partners Contract and resell or otherwise use the space allocated to the Exhibitor.

In such circumstances:

A: The Partner shall be liable to reimburse the AIP's costs and expenses arising directly or indirectly as a result of such failure to pay; and

B: The Partner shall not be entitled to a refund of any moneys paid in respect of this Partner Contract, and shall remain liable to pay to the AIP all moneys owing as at the date of termination.

C: If the Partner wishes to cancel its participation at the AIP or reduce the size of its allocated exhibition space, written notice must be given to the AIP. In the event of such cancellation or reduction in size, the Organiser is entitled to a 20% withdrawal fee. This 20% withdrawal fee is a genuine pre-estimate of costs, loss and damage incurred by the AIP as a result of the Partner's withdrawal.

D: The Exhibitors are solely responsible for accessing delegate contact information. The Conference organisers do not provide attendee databases to any exhibitors.



# 2020 AIP AUSTRALASIAN PACKAGING CONFERENCE PARTNER CONTRACT



## 1. SELECT YOUR STAND NUMBER

1st Choice	2nd Choice	3rd Choice
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## 2. SELECT YOUR PACKAGE LEVEL

Please circle your package: PLATINUM GOLD SILVER BRONZE OTHER (Please list) \_\_\_\_\_

Exhibition package includes:

NB: 3m x 2.5m Exhibition space, fascia, walls and general lighting. A built-in plinth with lockable storage, a shelf on the back wall and 1 x bar stool.

## 3. PAYMENT DETAILS (BASED ON 1st CHOICE)

A Tax Invoice will be provided upon receipt of your signed contract.

### Payment Schedule:

20% deposit payable now.

Remainder to be paid no later than Friday the Friday the 28 February 2020.

Cost of Package (from above) \$

Plus GST \$

**TOTAL COST OF PACKAGE \$**

20% deposit \$

## 4. INVOICING OPTIONS (Please tick)

<input type="checkbox"/> Please send me an invoice for payment OR <input type="checkbox"/> Please charge the credit card details below and send me a receipt.	<input type="checkbox"/> Please send me an invoice/receipt for the 20% deposit. (Followed by an invoice/receipt for the remaining 80%) OR <input type="checkbox"/> Please send me an invoice/receipt for the full amount.
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## 5. EXHIBITOR CONTACT DETAILS

Company Name:		
Postal Address:		
State:	Postcode:	Phone:
Accounts Contact: (Name & Email)	Stand Coordinator: (Name & Email)	Marketing Contact: (Name & Email)

## 6. METHODS OF PAYMENT

### Payment Option One: Credit Card

Please debit my credit card as indicated below

**TOTAL PAYMENT \$** \_\_\_\_\_

☐ VISA ☐ MASTERCARD ☐ AMEX

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card No:

### Payment Option Two

Electronic Funds Transfer

Bank: ANZ

BSB: 012-224

Account Number: 269629055

Account Name: Australian Institute of Packaging

REFERENCE: Invoice Number or Name

### Payment Option Three

Cheque Enclosed

Cheques payable to:

Australian Institute of Packaging Inc

34 Lawson Street

Oxley QLD 4075

## 7. TERMS AND CONDITIONS (Please tick box and sign as below)

☐ We understand and agree to pay the total costs as indicated by the above payment details. This application contract is binding once accepted for and on behalf of the AIP. We understand that our stand will not be reserved UNTIL this form is signed and returned. CANCELLATION POLICY: By signing this agreement we understand and agree that the 20% deposit is non-refundable and that stands will not be held without a deposit. Cancellations may be accepted up to Friday the 28 February 2020 BUT will incur a 20% cancellation fee. Booking cancellations after the Friday the 28 February 2020 are non-refundable.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT THIS FORM AND RETURN TO:**

**mark@aipack.com.au** **+61 7 3278 4490** **+61 7 3009 9916**