



Sponsorship Application Form

Contact Details

Mr				Mrs				Ms				Miss				Dr Prof			
First Name								Surname											
Position								Email											
Phone								Mobile											
Organisation name (for invoicing purposes)																			
Organisation name (for marketing purposes if different to above)																			
Postal Address				City															
				State															
				Postcode															
				Country															

Opportunities	Non-member	Quantity of opportunities
---------------	------------	---------------------------

ABIC 2025 partnerships

Major Partner	\$30,000	Multiple
Associate partner	\$15,000	Multiple
Primary partner	\$6,500	Multiple

Networking & Program

Science Symposium Sponsor	\$10,000	Exclusive
Grower Breakfast	\$10,000	Exclusive
Tour Stop Host	\$7,500	Exclusive
Back a Grower	\$2,000	Multiple
Tradeshaw Evening	\$6,000	Exclusive
Speaker Sponsorship	\$2,000	Multiple
Congress Award	\$3,000	Multiple

Delegate experience

Banana Bar	\$17,500	Exclusive
Welcome Reception	\$17,500	Exclusive
Barista Zone	\$7,000	Two
Catering Station	\$5,000	Three
Fishing Arcade Game	\$6,500	Exclusive
Powerstrike (boxing)	\$6,500	Exclusive
Ice-Cream Cart	\$6,500	Exclusive
Congress 2025 App	\$8,000	Exclusive
Exhibition Entrance Feature	\$7,500	Exclusive

Branding

Charging Station	\$7,000	Exclusive
Novelty Photo Wall	\$6,000	Exclusive
Bucket Hat	\$8,000	Exclusive
Wi-Fi	\$6,000	Exclusive



Sponsorship Application Form

Opportunities	Non-member	Quantity of opportunities
Branding (cont)		
Video	\$6,000	Exclusive
Congress Bag	\$7,000	Exclusive
Congress Pocket Program	\$7,000	Exclusive
Name Badge & Lanyard	\$8,000	Exclusive
Water Bottle	\$7,000	Exclusive
Keep cup	\$10,000	Exclusive
Hand Sanitiser Stations	\$5,500	Exclusive
Plenary Room LED Panels	\$7,500	Exclusive
Digital Engagement		
Social Media Post	\$1,500	Eight
Email Content (E-bulletin banner)	\$1,500	Eight
Digital PDF in App	\$1,250	Multiple
End of Registration Pop Up	\$2,000	Exclusive
App Notification	\$1,250 (Supporting Partner or above)	Six
Print Engagement		
Half page advertisement in Congress Pocket Program	\$1,000	Multiple
Full page advertisement in Congress Pocket Program	\$1,500	Multiple
Satchel insert	\$1,500	Multiple

Exhibitors (please indicate your chosen participation)			
Booth Type	Number of booths/ sqm required	Standard Application and payment received up to and including	Total
Shell Scheme booth 6m ² Space only 6m ²		\$4,500 inc GST per space	
Machinery Space Space only sqm		\$350 inc GST per sqm	

Exhibition Details

Location: The congress managers will endeavour to allocate space in line with your request, however this cannot be guaranteed. Preferred booth location:

Preferred booth location:	
1	
2	
3	

I do not wish to be located adjacent to these companies:

I wish to be located adjacent to these companies:



Sponsorship Application Form

Payment method

- A tax invoice will be issued, as per agreed payment terms, which is payable within 14 days.
- All prices quoted are in Australian dollars and include 10% GST.
- Payments made via electronic funds transfer (EFT) must cover the sponsorship payment and any fees charged by your bank.
- Credit card payments will attract a processing fee

Electronic funds transfer (EFT) – details of payment will be provided on invoice

Credit card – a secure online link will be sent to enable payment

Confirmation

My signature below denotes that I accept the points listed in the declaration, agree to be invoiced for the total amount payable, and am authorised to make the commitment on behalf of my organisation.

I understand and accept the inclusions of the package I am purchasing, and agree to abide by the terms and conditions of participating in this event.

I understand that my organisation must hold public liability insurance for a minimum of AUD10,000,000 (which must cover your organisation for the duration of the event), and will provide a copy of the certificate of currency. If you are unable to organise the required insurance cover, please contact the congress managers to discuss options

Full name

Signature

Date

Insert TOTAL amount payable:

