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| **ENDOSKILLS PBEDUCATION, TRAINING & RESEARCH GRANT 2019 ACQUISITION FORM** |

 **\*ALL FIELDS ARE COMPULSORY**

|  |  |
| --- | --- |
| **COMPANY NAME** | **CONTACT PERSON** |
| **ADDRESS**  | **EMAIL ADDRESS** |
| **SUBURB STATE POSTCODE** | **PHONE NO**  |
| **ABN** | **NOTES** |

 **WE WISH TO PROVIDE A GRANT IN SUPPORT OF ENDOSCOPY EDUCATION, TRAINING AND
 RESEARCH IN THE AMOUNT OF A: (CHOOSE GRANT AND GST OPTION)**

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| --- | --- | --- | --- | --- |
| **BRONZE GRANT** | **$5,000** | ⬜ + GST | ⬜ incl GST | ⬜ GST Free |
| **SILVER GRANT** | **$10,000** | ⬜ + GST | ⬜ incl GST | ⬜ GST Free |
| **GOLD GRANT** | **$15,000** | ⬜ + GST | ⬜ incl GST | ⬜ GST Free |
| **PLATINUM GRANT** | **$25,000** | ⬜ + GST | ⬜ incl GST | ⬜ GST Free |
| **DINNER SYMPOSIUM SPONSOR** | **$27,500** | ⬜ + GST | ⬜ incl GST | ⬜ GST Free |

|  |  |
| --- | --- |
| Name of authorising company officer:  |  |
| Signature: |  |
| Date:  |  |

THIS FORM IS REQUIRED TO BE RETURNED WITH PAYMENT TO ENSURE AGREEMENT BEFORE 23RD AUGUST 2019 AND ALL DOCUMENTS EMAILED TO Mandy.Gwan@health.nsw.gov.au

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**RPAH USE**:

We accept the above grant for endoscopy education, training and research.

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| --- | --- |
| Name:  |  |
| Signature: |  |
| Date:  |  |