

|  |
| --- |
| **ENDOSKILLS PB EDUCATION, 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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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](mailto:Mandy.Gwan@health.nsw.gov.au)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RPAH USE**:

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

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