

IHEA NATIONAL CONFERENCE 2025

Future proofing healthcare building systems
- getting the basics right

26-28 MAY 2025 | SYDNEY MASONIC CENTRE



THE NATIONAL EVENT FOR HEALTHCARE FACILITY
MANAGEMENT AND DESIGN PROFESSIONALS

SPONSOR AGREEMENT FORM

NOTE: THIS EDITABLE PDF MUST BE DOWNLOADED BEFORE COMPLETING AND SUBMITTING

CONTACT DETAILS

ICEBERG EVENTS ABN 84 084 581 153

Title (Mr/Mrs/Ms)	First Name	Surname
Position		
Organisation		
Postal Address		
Suburb/City	State	Postcode
Phone	Mobile	
Email		

SPONSORSHIP OPPORTUNITIES (INC GST)

<input type="checkbox"/> GOLD SPONSOR	\$15,000	<input type="checkbox"/> SACHEL SPONSOR	\$4,500
<input type="checkbox"/> CONFERENCE DINNER SPONSOR	SOLD OUT	<input type="checkbox"/> LANYARD SPONSOR	\$4,000
<input type="checkbox"/> SILVER SPONSOR	\$9,500	<input type="checkbox"/> COFFEE CART SPONSOR	SOLD OUT
<input type="checkbox"/> WELCOME RECEPTION SPONSOR	SOLD OUT	<input type="checkbox"/> PENS FOR DELEGATES	\$900
<input type="checkbox"/> CONFERENCE APP SPONSOR	\$3,000	<input type="checkbox"/> NOTEPADS FOR DELEGATES	\$900
<input type="checkbox"/> EXHIBITOR	\$5,200	<input type="checkbox"/> SACHEL INSERT	\$900
<input type="checkbox"/> KEYNOTE SPEAKER SESSION SPONSOR	\$2,500		

BOOTH PREFERENCES

Select your top three preferences from the Exhibition Area Floor Plan.

#1	#2	#3	Are you having a custom stand? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PAYMENT DETAILS

Total Amount Payable AUD\$

Once confirmed, we will be in contact regarding
your tickets, extra exhibitor staff, logo etc.

A tax invoice will be issued once your sponsorship application has been approved and processed. The tax invoice will outline payment options and terms as per this agreement.

DECLARATION

I have read the Sponsorship Prospectus and agree to the 'Sponsorship Terms and Conditions' outlined on the website. I declare that I am authorised to make this commitment on behalf of my organisation. By signing this agreement form I confirm that our organisation has our own insurance and should a copy of our insurance policy be required, I agree to provide this to the conference organisers.

Name: _____ Signature: _____

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Email chloe@icebergevents.com.au

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