



## SPONSORSHIP / PARTNERSHIP REQUEST FORM

ORGANISATION DET	MLS	
BUSINESS NAME		
BUSINESS TYPE CHA	RITY COMMUNITY GROUP CORPORATE NFP OT	HER
CONTACT DETAILS		
NAME & POSITION		
EMAIL:		
PHONE:		
SPONSORSHIP / PART	NERSHIP REQUEST	
EVENT NAME:	EVENT VENUE:	
EVENT START:	EVENT END:	
REQUEST SUMMARY: (E.G.SPECIFIC PRODUCTS / QUAN	TITIES REQUIRED)	
	E OF THE FUND RAISING VENTURE? VIDING TO THE CHARITY OR ORGANISATION?)	
AUDIENCE DEMOGRA	PHIC & EXPECTED ATTENDEES:	
	ITS OFFERED TO PAGES HIRE: SOCIAL MEDIA EXPOSURE / HOSPITALITY / TICKETING PACKAGES, CONTRA O	PPORTUNITIES)
IS THERE OPPORTUNIT SPONSORSHIP?: PLEAS (E.G.EXHIBITOR / VENDOR REQU		OUGH THE
	LOCATED BUDGET FOR EQUIPMENT SUPPLY FOR YO LIVERY, COLLECTION & DAMAGE WAIVER WILL BE INCURRED BY THE EVENT O	

## **PLEASE NOTE:**

 $PAGES\ HIRE\ IS\ PLEASED\ TO\ CONSIDER\ EVENT\ SPONSORSHIP\ \&\ PARTNERSHIP\ REQUESTS\ \&\ WILL\ REVIEW\ ALL\ OPPORTUNITIES.$  YOU WILL RECEIVE A REPLY TO YOUR REQUEST WITHIN 5 BUSINESS DAYS

PLEASE RETURN THIS COMPLETED FORM TO: sales@pages.id.au