



Glasgow Hilton – 5-6 October 2011
SPONSORSHIP PACKAGES
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SPONSORS DETAILS

Title: Forename: Surname:
Job Title:
Company Name:
Address:
Tel: E-mail:
Sponsorship Opportunity
Price

Please invoice my organisation, quoting purchase order number
[failure to provide purchase order number will invalidate booking]

Accounts Contact Name:
Accounts Department Address:
Accounts Phone No.: Accounts Email:

COMPANY AUTHORISED SIGNATORY TO SIGN THIS FORM TO CONFIRM YOUR BOOKING
(by signing you agree to accept the booking terms as set out below)

SIGNATURE: DATE:
PRINT NAME: POSITION:

Please note: to be able to submit this form electronically (by email), you have to have an electronic signature. If you do not, please print out the completed form and fax back.

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