



Sponsorship Application Form

Date of Submission: _____

Applicant Details	
Company Name	
Contact Person	
Address	
Phone	
Fax	
Email	

Sponsorship Details	
Event / Activity Name	
Date	
Duration	
Location	
Number of Attendees	
Other Sponsors	
Event / Activity Description	
Applicant's contribution and commitment	

Sponsorship Request	
Product/s	
Promotional Items	
Staffs Resources	
Others	

Benefits to Icom Australia	
Key Benefits	
Measures of Success	



Please send completed form along with any other supporting documentation to:

Mail: Icom Australia
Marketing Department
Unit 1/103 Garden Road
Clayton
VIC 3168

Email: marketing@icom.net.au

Fax: 03 9549 7505

I certify that all statements above by me on this form are true and correct to the best of my knowledge.

Declaration

Name: _____

Position: _____

Organisation Name: _____

Signed: _____

Date: _____

Office Use Only

Date Received: _____

Customer/Dealer Number: _____

Last Financial Year Sales: _____

This Financial Year Sales: _____

Account Manager: _____

Account Manager Comments: _____

Approved/Declined: _____

Notification sent to applicant: _____

Other Information: _____

Icom Australia Pty Ltd
Unit 1/103 Garden Road
Clayton, VIC 3168
Ph: (03) 9549 7500
Fax: (03) 9549 7505