BioAutism 2012
Sponsorship and exhibition prospectus


Autism spectrum disorders are highly prevalent and the causes remain elusive. Early detection and treatment is key to alleviating the associated economic, social and personal burden of these disorders.

BioAutism meetings aim to bring together the community, clinicians, scientists and industry toward elucidating biological causes and symptoms, and developing treatments.

Sponsor Benefits:
- Significant level of exposure to local and national key personnel
- An excellent opportunity to profile new products and services
  - Ensures your involvement, commitment and support to this event is openly demonstrated and acknowledged

Sponsorship packages and commitment levels vary.
### Sponsorship packages:

**Gold**
- $3000
- (2 available)
- Five minute speaking opportunity
- Three delegate registrations
- Complimentary speaker's dinner ticket
- Principal sponsor acknowledgement in all marketing material including, flyers, emails, registration brochure, conference program (including 200 word profile), and on the BioAutism 2012 web site including hyperlink to the Sponsor's web site
- Logo placement on official BioAutism 2012 signage
- One satchel insert (provided by the sponsor)
- Corporate banner display at venue
- Exhibition space

**Silver**
- $1000
- (7 available)
- Two delegate registrations
- Complimentary speaker's dinner ticket
- Secondary sponsor acknowledgement in the conference program (including byline), and on the BioAutism 2012 web site including hyperlink to the Sponsor’s web site
- One satchel insert (provided by the sponsor)
- Exhibition space

**Bronze**
- $400
- (10 available)
- One complimentary delegate registration
- Sponsor acknowledgement in the Conference Program
- One satchel insert (provided by the sponsor)

Satchel inserts are not limited to brochures and can include pens, note paper, etc.

### Terms and Conditions

#### Cancellation

All cancellations must be advised in writing. A 25% administration fee applies to cancellations received on or before 1 December 2011. Cancellation refund conditions: For cancellations received after 1 December 2011, no refund will apply. Payments of Sponsorship Packages or booths will not be refunded prior to resale of bookings regardless of when cancellation advice is provided. In case of resale, an administration fee of 25% will be deducted from refunded amount. All refunds to be paid at completion of the BioAutism 2012 conference.

The Conference Host and Organisers will take all diligent care to fulfill the listed sponsorship commitments. In order to secure exhibition places, sponsor package deposit and final payments are to be made by no later than 1 December 2011. Sponsorship selection will be confirmed upon receipt of payment. Conference Sponsors are responsible for provision of all promotional and other exhibit display material. Sponsors are responsible for the security of all sponsor equipment and materials whilst at the conference.

The Host and Organisers reserve the right to alter the conference program; including the selection or rejection of any sponsorship or exhibition proposals based on their consistency with the ideals and goals of the Conference and the University of Queensland.

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Please post or fax this form to: BioAutism Secretariat, The Queensland Brain Institute, Bldg 79, Research Road, The University of Queensland, St Luica 4072, Australia.
Fax: +61 7 3346 8836

Please print clearly in BLOCK CAPITALS

Contact name: ____________________________

Company name: __________________________

Position: _________________________________

Address: __________________________________

State: _______ Postcode: _______ Phone: _______

Mobile: _______ Fax: _______

Email: ____________________________________

Sponsorship package:

☐ Gold ($3000)  ☐ Silver ($1000)  ☐ Bronze ($400)

Payment details
Please note that a 50% deposit is required within 14 days of application to secure your booking. The remaining 50% should be paid by 1 December 2011.

Method of payment (tick appropriate box)

☐ I require a tax invoice to make payment. PON: __________________________

☐ I enclose a cheque for the amount of __________________________

Cheques made payable to The Queensland Brain Institute

☐ Please charge my credit card for the amount of __________________________

Cardholder name: ____________________________

Card number: ____________________________

Signature: ________________________________

Expiry date: ____________________________

VISA  ☐ Mastercard  ☐ Other: ____________________________

I have read this prospectus and accept all of its terms and conditions.

Signature ____________________________ Date: ____________________________