



## 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](mailto: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