

Sponsorship Application Form – Tax Invoice



Company.....

Address.....

City / State.....Post Code.....

Contact Person.....

Position.....

Telephone.....Fax.....

Email.....Website.....

Signature.....



Confirm Sponsor choice by ticking box

- Platinum \$5000 Gold \$2500
- Silver \$1150 Bronze \$650
- Other (please specify).....

Payment Details

- Cheque enclosed – made payable to AONA VIC
- Direct Payment - BSB number = 083-184 Account number = 68-520-2026

Australian Ophthalmic Nurse’s Association (Victoria) ABN 62453919481

Please return this form and payment to:

Gail McCombe		Julie D’arcy
c/- AONA Victoria	OR	Southern Eye Centre
1 Buchan Court		44 Cranbourne Rd
HIGHTON VIC 3216		FRANKSTON VIC 3199

