



ATTACHMENT 4 – COMMERCIAL SPONSORSHIP AGREEMENT TEMPLATE

<Date XXXXXX>

Name of Contact Person/Manager

Title

Name of Sponsoring Company

Address

Proposed Sponsorship - <Name of Conference/Course/Seminar/Meeting>, Dates >, <Destination>

Dear <Name of Contact Person/Manager>

I refer to your offer for <name of staff member > to attend the above event at your organisations expense. It is acknowledged that such sponsorship can enable our staff to attend important scientific and clinical events, conferences and meetings.

I make it clear that our acceptance of your offer for <name of staff member > to attend the event does not place any obligation (legal or otherwise) on WA Health in relation to your organisation. This sponsorship might also disqualify the nominated staff member from participating in any procurement or similar activity directly involving your organisation.

The travel application of the <name of staff member > to attend this conference/course is conditional on your agreement to these conditions.

Confirmation of your agreement to these conditions may be indicated by completing the detail below and returning this letter by fax on <details YYYY> marked **Attention: Travel Co-ordinator or returning a copy of this letter to me.**

Please let me know if I can be of any further assistance in this matter.

Yours sincerely

<Name of Chief Executive (HS) or Executive Director (DoH)>

<Title of Chief Executive (HS) or Executive Director (DoH)>

To be completed by <Name of Sponsoring Company>

I acknowledge receipt of this letter and accept the conditions outlined above and I confirm that this organisation does not own, control or are involved in the manufacture and production or promotion of harmful products such as tobacco-related products.

I confirm that the total sponsorship offer of (approximate value) \$ _____ includes (please tick and complete relevant sections below):

Airfares: Business class Economy class
At the approximate cost of \$ _____

Accommodation: No. of days: _____ at the approximate cost of \$ _____

Registration fees & other costs: At the approximate cost of \$ _____

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

Telephone: _____ **Email:** _____