NSW Health and Medical Research Sponsorship Program

Title of Conference or Event

Organisation/Host

Date of conference/meeting

Location of conference/meeting

Funding amount requested

Estimated number of attendees

NSW	
Interstate	
International	

Please select if you are a:

Not for Profit   NGO   Peak or Professional Body   Medical Research Institute   Other:

How did you hear about the Sponsorship Program?

OHMR Wepage   Email announcement   Twitter   Word of Mouth   Other:

1. **Demonstrate how the conference or event will promote and support the health and medical research environment in NSW** *(maximum 300 words)*

2. **Demonstrate how the event aligns with the Office for Health and Medical Research priorities.**
(maximum 300 words)

3. Describe how the primary purpose of the event will benefit the NSW community and economy including its need, relevance and impact on building research capacity in NSW.
(maximum 500 words)

4. Describe the state, national and international reach of the event in terms of number and spread of delegates. Include how it will attract international investment and interest to NSW. Please note the reach must be beyond one research institute or organisation.*(maximum 300 words)*

5. Demonstrate evidence of significant collaborative relationships with other partners listed in the application. Evidence can include minutes of the first meeting of the partnership. *(maximum 300 words)*

6. Describe how organisers will collaborate with the sector to deliver the event. *(maximum 300 words)*

7. Demonstrate how information resulting from the event will be widely disseminated and how NSW Health branding will be acknowledged. (maximum 150 words)

8. Please provide a list of confirmed and potential keynote and attach a draft copy of the agenda or program .

9. Other Funding Sources – *Please list any other sponsors and partners*

Sponsor/Partner	Amount	Confirmed (Y/N)

Estimated budget of the conference *please list budget allocation in the fields below against each line item and highlight priority areas in the event that the full budget is not supported.*

Item	Amount
Venue	
Catering	
Marketing	
Administration/Stationery	
Personnel • Presenters • Additional support staff	
Accommodation	
Other (please specify)	
Total Expenditure	
Income • Registrations • Additional sponsorship	
Funding requested from Office of Health and Medical Research	

Additional points not covered to support the application *(Maximum 200 words*

Applicant Contact Details

Name	
Position	
Organisation	
ABN	
Address	
Postal Address	
Email	
Work Phone	
Mobile	