

| Contact Details | | | | | |
|--|-----|----|-----------|----------|------|
| Mr | Mrs | Ms | Miss | Dr | Prof |
| First Name | | | | Surname | |
| Position | | | | Email | |
| Phone | | | | Mobile | |
| Organisation name (for invoicing purposes) | | | | | |
| Organisation name (for marketing purposes if different to above) | | | | | |
| Postal Address | | | | City | |
| | | | | State | |
| | | | | Postcode | |
| | | | | Country | |
| Website | | | | | |
| Facebook | | | Instagram | | |
| LinkedIn | | | X | | |

| Opportunities | Non-member | Quantity of Opportunities |
|---|------------|---------------------------|
| ISB 2027 Partnerships | | |
| Premier Partner | \$70,000 | Exclusive |
| Major Partner | \$40,000 | Three |
| Associate Partner | \$25,000 | Five |
| Delegate Experience | | |
| Congress App Sponsor | \$10,000 | Exclusive |
| Congress Bucket Hat Sponsor | \$8,000 | Exclusive |
| Coffee Cart Sponsor | \$10,000 | Multiple |
| Early Career Researcher Scholarship Sponsor | \$10,000 | Multiple |
| Women in Biomechanics Scholarship Sponsor | \$10,000 | Multiple |
| Catering Station Sponsor | \$7,500 | Multiple |
| Delegate Lounge Sponsor | \$10,000 | Exclusive |
| Charging Lounge Sponsor | \$7,500 | Exclusive |
| Delegate Lanyard Sponsor | \$15,000 | Exclusive |
| Delegate Registration Area Sponsor | \$8,000 | Exclusive |
| Networking Experience | | |
| Gala Dinner Sponsor | \$25,000 | Exclusive |
| Welcome Reception Sponsor | \$15,000 | Exclusive |

| Opportunities | Non-member | Quantity of Opportunities |
|--|----------------|---------------------------|
| Networking Experience (cont) | | |
| Advancing Women in Biomechanics Workshop Sponsor | \$10,000 | Exclusive |
| Poster Session Sponsor | \$10,000 | Exclusive |
| Golf Day Sponsor | \$15,000 | Exclusive |
| Student Night Sponsor | \$15,000 | Exclusive |
| Branding and Advertising | | |
| Pillar Wrap Sponsor | \$7,500 | Multiple |
| Decal Branding Sponsor | \$5,000 | Multiple |
| Congress App Advertisement | \$2,500 | Multiple |
| Special Area Branding Sponsor | Custom Pricing | Multiple |

Can't find what you're looking for? Let us co-create a bespoke activation.

| Exhibitors (please indicate your chosen participation) | | | | | |
|--|-------------------------------|---|---------------------------|---|-------|
| Booth Type | Number of booths/sqm required | Early-Bird Rate (until 31 October 2026) | | Standard Application (from 1 November 2026) | Total |
| Shell Scheme booth 9m ² | | | \$6,500 inc GST per space | \$7,300 inc GST per space | |
| Space only 9m ² | | | \$6,000 inc GST per space | \$6,700 inc GST per space | |

Exhibition Details

Location: The congress managers will endeavour to allocate space in line with your request, however this cannot be guaranteed.

| Preferred booth location: | |
|---------------------------|--|
| 1. | |
| 2. | |
| 3. | |

I do not wish to be located adjacent to these companies:

I wish to be located adjacent to these companies:

Payment Method

- A tax invoice will be issued, as per agreed payment terms, which is payable within 14 days.
- All prices quoted are in Australian dollars and include 10% GST.
- Payments made via electronic funds transfer (EFT) must cover the sponsorship payment and any fees charged by your bank.
- Credit card payments will attract a processing fee

Electronic funds transfer (EFT) – details of payment will be provided on invoice

Credit card – a secure online link will be sent to enable payment

Confirmation

My signature below denotes that I accept the points listed in the declaration, agree to be invoiced for the total amount payable, and am authorised to make the commitment on behalf of my organisation.

I understand and accept the inclusions of the package I am purchasing, and agree to abide by the terms and conditions of participating in this event.

I understand that my organisation must hold public liability insurance for a minimum of AUD10,000,000 (which must cover your organisation for the duration of the event), and will provide a copy of the certificate of currency. If you are unable to organise the required insurance cover, please contact the congress managers to discuss options.

| | | | |
|------------------|--|-------------------------------------|--|
| Full Name | | | |
| Signature | | | |
| Date | | Insert TOTAL Amount Payable: | |

