



APPLICATION FOR ADVERTISING QUOTATION

Advertising Deadline – 5.00 pm Tuesday

DETAILS OF ORGANISATION TO BE INVOICED

(To be completed by applicant)

Name:

Address:

State:

Postcode:

Country:

(if outside Australia)

Website:

Contact Person:

Position:

Contact Details: Telephone:

Email:

DETAILS OF ADVERTISING

Duration of Advertising: *(in 1 month blocks)*

From:

To:

Nature of Advertising:

Job Advertisement:	}	Job Reference:
		Position Title:
		Hospital:

Workshop or Conference	}	Event Title:
		Event Website [‡] :
		Event Date/s:

[‡] If your event does not have a website, please include a flyer with your submission.

ADVERTISING RATES

A reduction of the full advertising fee rate may be available if:

The **organisation to be invoiced** (as shown above) is a public hospital

OR

The **organisation to be invoiced** (as shown above) (including a private hospital) is registered as a charity with either the ACNC¹ or the NZCS²

OR

In relation to a job advertisement (as shown above), the **position to be advertised** is an ACEM-funded position in the Commonwealth STP Program³

Signature

of applicant: Date:

(please print name)

¹ Australasian Charities and Not-for-profits Commission

² New Zealand Charities Services

³ A commonwealth government initiative which provides support to enable medical specialist trainees to rotate through an extended range of settings beyond traditional public teaching hospitals in pursuit of becoming a fellow of a recognised specialist medical college.