

SPONSORSHIP APPLICATION FORM

Name of Organization/ Company/ Institution:

Address:

Contact Person:

Phone Number:

SPONSORSHIP CATEGORIES (Please tick as appropriate)

- | | | |
|--------------|----------------------------|--------------------------|
| 1. PLATAINUM | 20 million Naira | <input type="checkbox"/> |
| 2. GOLD | 10 million Naira | <input type="checkbox"/> |
| 3. SILVER | 5 million Naira | <input type="checkbox"/> |
| 4. BRONZE | 2 million Naira | <input type="checkbox"/> |
| 5. OTHERS | Amount (in figures): | |

..... Currency:

BANK DETAILS:

Account Name: Stop TB Partnership Nigeria

Account Name: Stop TB Partnership Nigeria

Account Number: 070 150 8566 (NAIRA)

Account Number: 073 534 8464 (DOLLAR)

Bank: Access Bank

Bank: Access Bank

Sort Code: 044 080 947

Swift Code: ABNGNGLA

DISCLAIMER: Sponsorship and benefits are NOT valid until payment is confirmed. Payment is NOT refundable. If Conference is cancelled, payment will still be valid for the next Conference.

Signature/Stamp:

Date:

Kindly send the completed application to sponsorship@nationaltbconference.org