



SPONSORSHIP AND EXHIBITION APPLICATION FORM

To be returned by the 31st May 2025

**NEONATAL NURSES' ASSOCIATION OF SOUTHERN AFRICA'S
9TH NATIONAL CONFERENCE & 1ST NEONATAL EXPO
18-20 SEPTEMBER 2025
GROENKLOOF CAMPUS, PRETORIA**

Our company (*please print*) _____
agrees to sponsor / exhibit / present at NNASA Conference / Neonatal Expo 2025, taking place at the Groenkloof Campus, Pretoria, South Africa from the 18th-20th September 2025. We commit to pay the full amount of the agreed sponsorship / exhibition / presentation package value.

OPTIONS FOR SPONSORSHIP / EXHIBITION / PRESENTATION

We commit ourselves to the following as indicated in the last column:

Options	Cost	Day 1 (Conference)	Day 2 (Conference)	Day 3 (Expo only)	Yes / No
Golden Sponsorship Package	R 45 000,00	✓	✓	✓	
Silver Sponsorship Package	R 35 000,00	✓	✓	✓	
Bronze Sponsorship Package	R 25 000,00	✓	✓	✓	
Welcome Breakfast	R 20 000,00	✓			
Exhibition Floor Space (3x5 sqm)	R 10 000,00	✓	✓	✓	
Exhibition Floor Space (3x5 sqm) – Expo Only	R 3 500,00			✓	
Exhibition Floor Space (3x3 sqm)	R 7 500,00	✓	✓	✓	
Exhibition Floor Space (3x3 sqm) – Expo Only	R 2 500,00			✓	
Exhibition Floor Space (2x3 sqm)	R 5 000,00	✓	✓	✓	
Exhibition Floor Space (2x3 sqm) – Expo Only	R 1 700,00			✓	
Delegate Sponsorship – Registration, Travel & Accommodation / Delegate	R 10 000,00	✓	✓	✓	If yes, how many:
Delegate Sponsorship – Registration / Delegate	R 3500,00	✓	✓	✓	If yes, how many:
Delegate Bags	R 25 000,00	✓	✓		
Delegate Lanyards	R 5 000,00	✓	✓		
Speaker Gifts	R 5 000,00	✓	✓		
Pamphlets / Brochures in bag	R 500,00	✓	✓		



Merchandise		✓	✓		
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Options (continue)	Cost	Day 1 (Conference)	Day 2 (Conference)	Day 3 (Expo only)	Yes / No
10 Minute* Oral Presentation (*Penalty of R 1000,00 per minute if time is exceeded)	R 10 000,00			✓	If yes, complete table underneath

TOTAL DUE: R _____ (All totals are inclusive of 14% VAT)

If interested in 10 minute presentation, please indicate in which slot:

Presentation slot themes	Indicate interest
General care / programmes	
Screening / assessment / monitoring	
Feeding / nutrition	
Ventilation	
Invasive procedures	
Medication	
Other:	



COMPANY DETAILS

PLEASE ensure that you list all your details accurately as we cannot be held responsible for any errors. We require that you fill in the following details and that you provide your company logo in a high resolution format by email. Please ensure that you print all the below information clearly as you would wish it to appear on the conference materials.

Company Name (as it appears in print):

Company Address: _____

City: _____ Country: _____

Postal/ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Contact Person: _____

Product / Service Description (40 words maximum)

Company Registration / VAT Number _____

Electronic logo provided: Y / N

Authorised on behalf of (company name): _____

Name of authorised person: _____

Position / Capacity: _____

Signature: _____

Witness Name: _____

Witness Signature: _____

Date: _____



Payment Due

Total Due: ZAR _____

Please email this form to:
Organising Committee
Email: info@nnasa.org.za

Applications to be returned by the 31st May 2025.

Cancellations:

Cancellation Policy

** Cancellation before 90 days prior to the set up day of the conference: 50% refund

** Cancellation less than 90 days prior to the set up day of the conference: No refund