

PARTNERSHIP CONFIRMATION FORM

Yes; we are interested in participating as a _____ sponsor/partner

CONTACT NAME:	COMPANY:
JOB TITLE:	ADDRESS:
TELEPHONE:	POSTCODE:
EMAIL:	COUNTRY:

PAYMENT DETAILS

INVESTMENT OF: _____ TOTAL AMOUNT DUE _____

CHEQUE DETAILS: e.g. in favor of Paediatric Association of Tanzania

CASH TRANSFERS: e.g. National Bank of Commerce- Muhimbili Branch

FINANCIAL TERMS AND CONDITIONS:

- 100% payment at the time of the booking
- Payment to be made in favor of Paediatric Association of Tanzania (PAT)
- Within 6 weeks of the event 100%
- 6-10 weeks of the event 75%
- All payments are non-refundable

Please note that sponsorship entitlements will not commence until 70% deposit has been done. Deposit is due by August 2022.

All deposits should be deposited in the following account.

Account name: Paediatric Association of Tanzania

Account number: 041103002213

Bank: NATIONAL BANK OF COMMERCE