



QANTASLINK SPONSORSHIP SUPPORT

To assist in evaluating your sponsorship request, please complete this application form. If there is anything further you would like to add, please attach to this form.

- **IMPORTANT:- ALL APPLICATIONS MUST BE SUBMITTED 8 WEEKS PRIOR TO THE DATE REQUIRED.**

QantasLink Sponsorship Application

Sponsorship Information

1. Name of Group or Individual Seeking Sponsorship			
2. Name of Event			
3. Details/Date of Event			
4. Reason for Request			
5. What type of Group is requesting the sponsorship support?	<input type="checkbox"/> Arts Organisation	<input type="checkbox"/> Cultural Event	<input type="checkbox"/> Charity <input type="checkbox"/> Others
6. Has QantasLink provided sponsorship in the past?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	If 'Yes', what year?		
	What was the value of past support?		
7. What kind of sponsorship support are you seeking from QantasLink? <i>(Please provide details, passenger numbers, dates and destination)</i>			
Total Number of Passengers:			
Type of Travel <i>(Please Tick)</i>	<input type="checkbox"/> Domestic		
Type of Support <i>(Please Tick)</i>	<input type="checkbox"/> Air Travel	<input type="checkbox"/> Giveaways	<input type="checkbox"/> Other
Travelling from/to			
Guaranteed Passengers for QantasLink:			
Potential passengers for QantasLink:			
8. Does your company/association have a travel account with QantasLink?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If "Yes", where are the bookings made?	<input type="checkbox"/> Direct with QantasLink	<input type="checkbox"/> Travel Agent	



9. Proposed benefits to QantasLink.	Please provide details
<input type="checkbox"/> Media Exposure TV	
<input type="checkbox"/> Media Exposure Press	
<input type="checkbox"/> Media Exposure Radio	
<input type="checkbox"/> Signage	
<input type="checkbox"/> Hospitality (i.e number of tickets, catering, etc)	
<input type="checkbox"/> Other	
<input type="checkbox"/> Charity Organisations	Not applicable.
10. Are there any other associated costs you would like QantasLink to be aware of? (i.e advertorial, supplements) Are you prepared to fund such costs? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact Information

Company Name (If Applicable)	
Contact Name	
Address incl. Post Code	
Contact Telephone Number	
Facsimile	
Email Address	

Thank you for taking the time to complete this form. Fax or email your completed application to the details below:

FAX: (07) 3308 9088
E-mail to sunsales@qantas.com.au

Thank you for your interest in QantasLink.