



UNIVERSITY FUNCTION - REPRESENTATIVES/SPONSORS/EXHIBITORS ON UNIVERSITY GROUNDS

1. Business Name of Representative/Sponsor/Exhibitor: _____
 Contact Name: (Please print) _____
 Telephone: _____ Mobile: _____
 Nature of Sponsorship/Exhibit: (Please give details) _____

 Are charges involved: Yes No
 Please give details: _____
2. Business Name of Representative/Sponsor/Exhibitor: _____
 Contact Name: (Please print) _____
 Telephone: _____ Mobile: _____
 Nature of Sponsorship/Exhibit: (Please give details) _____

 Are charges involved: Yes No
 Please give details: _____
3. Business Name of Representative/Sponsor/Exhibitor: _____
 Contact Name: (Please print) _____
 Telephone: _____ Mobile: _____
 Nature of Sponsorship/Exhibit: (Please give details) _____

 Are charges involved: Yes No
 Please give details: _____

I certify that a background check has been completed and confirm each of the above listed Representatives/Sponsors/Exhibitors do not have a conflict of interest in any way or form with the University of South Australia.

The above Representatives/Sponsors/Exhibitors have been made aware of, and understand they are obliged to comply with UniSA OHS&W policies and procedures.

 Head of School/Unit/Division Name

 Signature

If there is insufficient space provided please complete an additional CS63 University Function - Representatives/Sponsors/Exhibitors on University Grounds Form.

**PLEASE ATTACH AND SUBMIT WITH THE CS53 STAFF FUNCTION APPROVAL FORM TO THE
RELEVANT FM ASSIST OFFICE**

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