

ASAP Partner



Sponsor Application Form

AS A SPONSOR PARTNER YOU WILL:

1. Be provided with a current list of all Full and Provisional Members.
2. Be entitled to exhibit and/or present at a meeting of ASAP Members once a year.
3. Where a charge is made be entitled to attend at the members' rate.
4. Have a profile of your company on the ASAP website.
5. Provide a short feature for the next ASAP Newsletter and be credited in Newsletters as a sponsor for as long as you remain a partner.
6. Be able to send one exclusively targetted email to the principal of all Full and Provisional Members each year. The email will be distributed via the ASAP office.
7. Have the opportunity to present a 30 minute webinar on your products or services.

REQUIREMENTS FOR ADMISSION AS A SPONSOR PARTNER

- To have operated for a minimum of two years.
- To be nominated by an existing member of the ASAP.
- To provide copies of all promotional material, as well as any other information that may assist the Membership Committee when considering your application.
- To provide a short summary of the activities of the your company and why it is relevant to ASAP Full and Provisional Members.

INSTRUCTIONS FOR COMPLETING THIS FORM

Please complete this form in black or blue ink.

ANNUAL COST

Sponsor Partner Fee	£750.00	+£131.25 VAT	Total £881.25	<input type="checkbox"/>
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Payment can be made by cheque or by bank transfer.

Bank: Bank of Scotland, 38 St Andrew Square, Edinburgh EH2 2YR
Sort Code: 80-11-00
Account No: 06091292

Address: Unit 10, Diss Business Centre, Dark Lane, Diss, Norfolk IP21 4HD United Kingdom
Telephone: 08700 73 74 75
Facsimile: 01379 641940
Email: office@theasap.org.uk
Web: www.theasap.org.uk

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SECTION 1 ~ GENERAL INFORMATION

Company or Trading Name: _____

Contact Name : _____ Job Title: _____

Address : _____

Address : _____

Tel. No : _____ Fax No : _____

Website : _____ Email : _____

Company Registration No: _____ VAT number : _____

When was your firm established? _____

SECTION 2 ~ NOMINATION DETAILS

NOMINATED BY: _____ a Full Member of the ASAP

SECTION 3 ~ DECLARATION

I / We: _____

Of: _____

apply as a SPONSOR PARTNER of the Association of Serviced Apartment Providers.

I / We enclose the relevant subscription and enrolment fee, together with all VAT payable.

Signed: _____ Date: _____

Any false declaration on the application will forfeit of any sponsorship fees paid.

Sponsorship is not valid until it is confirmed in writing and full payment has been received.

**PLEASE NOTE THAT ALL MATERIAL AND INFORMATION SUPPLIED WITH
THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE IN
COMPLIANCE WITH THE ASAP's GUIDELINES ON BUSINESS SENSITIVE
INFORMATION**

Address: Unit 10, Diss Business Centre, Dark Lane, Diss, Norfolk IP21 4HD United Kingdom

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Facsimile: 01379 641940

Email: office@theasap.org.uk

Web: www.theasap.org.uk