



**Please complete this form and return to [contact@ntdigitalawards.org.au](mailto:contact@ntdigitalawards.org.au) before Monday 23 August**

**PARTNER DETAILS**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARTNERSHIP OPTIONS**

I would like to confirm my participation in the NT Digital Excellence Awards 2021 in the following capacity

**PAYMENT**

Please provide details such as registered trading name, account contact details, ABN, and any other relevant information to assist us in invoicing your organisation:

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**OFFICE USE ONLY**

Representative of the  
Organising Committee: \_\_\_\_\_

Full Name

Signature

Date

Representative of the  
Organising Committee: \_\_\_\_\_

Full Name

Signature

Date