



# Fund request form

## Submitter Information (please print or type)

Name

Organisation name

Is your organisation currently a:                      SIBA member                      SIBA affiliate                      Neither

Street address

City

Phone

Mobile phone

## Event information

Name of Event

Date of Event

Location of Event

Please state the reason for funding request

Funding Request (NZ\$):

Funding share:                      Exclusively funded by SIBA                      Partly funded by SIBA

## Attendee Information

Who is the target audience?

Number of people to attend

The benefit of this event for the Spatial industry and/or SIBA members

Will representatives from SIBA Executive be invited to attend?                      Yes                      No

Will representatives from SIBA have the opportunity to present on SIBA?                      Yes                      No

Will SIBA have space to place promotional material (i.e., place a banner)?                      Yes                      No

Send your Fund Request Form to [secretary@siba.org.nz](mailto:secretary@siba.org.nz)