APPLICATION FOR SPONSORSHIP

| Please complete and send to conference@deat | fnet.org | |
|--|-------------------|---------------------------|
| Title | | |
| Surname | | |
| Name | | |
| Country | | |
| Organization/ Institution | | |
| Position | | |
| Telephone & WhatsApp number | | |
| Email address | | |
| Please attached your CV with a covering letter w | when submitting | the application form. |
| Personal identification: (Please tick (\checkmark) where | e applicable to y | y ou as a per son) |
| Deaf | |] |
| Hard of Hearing | | |
| Deafblind | | |
| Hearing loss later in life | | |
| Hearing | | |
| Other | | |
| Special requirements: (dietary requirements, al | lergies, access n | eeds, etc) |
| Primary field of interest: (Please tick (✓) whe | are emplicable) | |
| Tilmary field of interest. (Tlease tick (*) whe | re applicable) | _ |
| Leadership | | |
| Education | | |
| Entrepreneurship | | |
| HIV | | |
| Deafblind | | |
| Sign Language | | |
| Other (specify) | | |

Please provide your involvement in the abovementioned field

Motivation for Sponsorship

| Please motivate below why and what kind of sponsorship you require as well as what kind of |
|--|
| contribution you and your organisation would like to make to the Congress: |

Please tell us why you think DeafNET should sponsor you for this conference

NB

All sponsored delegates will have to pay registration fees of **R 6000.00** (**ZAR**)

Closing date for submission of application: 30 August 2022. Only shortlisted participants will be contacted. Feel free to contact us should you have any questions

Name: Lavirne Fortuin Tel: 023 342 4003

Email: conference@deafnet.org

DeafNET Centre of Knowledge

P.O. Box 1169, Worcester, 6849, South Africa

Signature of Applicant