

NAME:	
ORGANISATION:	
POSTAL ADDRESS:	
PHONE NO.:	
EMAIL: (this is where the Sun Sound will be sent to)	
EVENT DATE & TIME:	
EVENT VENUE & ADDRESS	
DESCRIPTION OF EVENT:	<input type="checkbox"/> CCQ Event <input type="checkbox"/> Other <i>Please include some information about your event:-</i>
TERMS & CONDITIONS	<p> <input type="checkbox"/> We agree to support the broadcast and promotion of the Sun Sound for the event described above. </p> <p> <input type="checkbox"/> We agree to play the Sun Sound at regular intervals on loud speakers throughout the day when the UV Index is forecasted to reach 3 or above. </p> <p> <input type="checkbox"/> We will display the Sun Sound promotional poster at the event and make regular p.a announcements.. </p> <p> <input type="checkbox"/> We agree that we will not adapt or change the Sun Sound or the Sun Sound signage in any way nor use the Sun Sound or the Sun Sound signage for any other purpose. </p> <p> <input type="checkbox"/> We acknowledge that our outdoor event is a smoke free event. </p> <p> <input type="checkbox"/> Any media around Sun Sound must have prior written approval from CCQ. Email sunsound@cancerqld.org.au for approval. </p> <p> <input type="checkbox"/> We acknowledge we may be asked to provide feedback on the use of Sun Sound at our event. </p> <p> <input type="checkbox"/> For more information please email sunsound@cancerqld.org.au or call 13 11 20 </p> <p> I,, fully understand and accept these Terms and Conditions. </p> <p> Signature: _____ Date: _____ </p>

Date approved: 4 April 2013
 Version: 1
 Next review date: 4 April 2014

Form sponsor: Executive Manager, Public Health
 Form contact: Public Health Coordinator