

13th - 14th MARCH 2025

VENUE: Fairground Holdings **TIME:** 08:00hrs to 16:30hrs

Event Sponsorship Form (PTS)		
Name of Contact Person	Surname	Event Sponsor's Name
Title		(Business, Organization or Individual)
Phone Number	Phone Number	Email
ADDRESS		
Please select the sponsorship level that best aligns with your support: Diamond Package BWP 150,000.00 Silver Package BWP 50,000.00 Bronze BWP 30,000.00		
Platinum BWP 75,000.00 * Please provide a high-resolution company logo for inclusion in event materials.		
Payment Information: Credit Card Additional Comments or R	, , ,	
outlined in the sponsorship le the selected sponsorship am	sponsor agrees to the term evels and commits to providing ount by [deadline is 10th Marc is the right to allocate benefit	g Account name: PolyNew Training Services h Branch Name: Game City

SIGNATURE

Brought to you by:

Accredited by HRDC & BQA

DATE





TEL:+267 371 0853 / 319 0021-22 CELL: +267 76 442 382 / 76 189 647

EMAIL: amochilani.polynewgroup@gmail.com polynewconsult@gmail.com

WEBSITE: www.polynewgroup.com