IRIOSH-SP-001 - SPONSORSHIP COMMITMENT FORM

IRIOSH Global Occupational Safety, Health & Worker Well-Being Summit 2026

11 November 2026 | Singapore

Organization Name		
Organization Type	☐ Government Ministry ☐ Government Agency ☐ Professional Society / Association ☐ University / College ☐ Research Institute ☐ NGO / Not-for-Profit ☐ Corporation ☐ SME ☐ Other Specify-	
Mailing/Registered Address	City: Province / State: Postal/Zip Code: Country:	Website: LinkedIn: Facebook:
Primary Contact Person	Name: Title: Department:	Email: Phone: Mobile / WhatsApp:
Preferred Method of Communication	☐ Email ☐ Phone ☐ WhatsApp	☐ Microsoft Teams ☐ Zoom
Sponsorship Categories	☐ Presenting Partner ☐ Platinum Partner ☐ Gold Partner ☐ Silver Partner ☐ Bronze Partner	☐ Community Supporter ☐ Supporting Organisation ☐ Strategic Partner ☐ Customized Partnership
If Customized Partnership, please describe:		

Total Sponsorship Amount		
Purchase Order Number		
Payment Method	☐ Bank Transfer ☐ Wise ☐ Credit Card	☐ Cheque ☐ Other
Partnership Benefits (Please check the benefits applicable to your sponsorship)	☐ Logo on Event Website ☐ Logo on Conference Backdrop ☐ Logo on Digital Displays ☐ Logo on Programme Booklets ☐ Speaker Opportunity ☐ Recognition during Opening Ceremony ☐ Recognition during Closing Ceremony ☐ Recognition in Press Releases	☐ Recognition on Social-Media ☐ Recognition in Conference Proceedings ☐ Recognition in IRIOSH Global Book Chapter ☐ Corporate Profile in Programme Booklet ☐ Advertisement Placement ☐ Video Promotion ☐ Other
Speaker Information (if applicable)	Will your organization nominate a speaker? ☐ Yes ☐ No If yes, Name: **Title/Position:** **Organization:** **Presentation Topic:** Biography Submitted: ☐ Yes ☐ No Headshot Submitted: ☐ Yes ☐ No	
Company Logo	Please provide: ☐ PNG (300 dpi minimum) Preferred Company Description (Maximum 150 words) **Attached:** ☐ Yes ☐ No	
Social Media	Website: LinkedIn: Facebook:	X (Twitter): Instagram: YouTube:
Invoice Information	Legal Billing Name: Finance Contact: Email: Billing Address: Tax Registration Number (if applicable): Purchase Order Number (if applicable):	

DECLARATION

On behalf of the organization identified in this Sponsorship Commitment Form, I confirm that:

☐ I am authorized to enter into this sponsorship commitment on behalf of the organization.

☐ The information provided in this form is accurate and complete to the best of my knowledge.

☐ Our organization agrees to the sponsorship level selected and understands that a formal Sponsorship Agreement may be executed between both parties.

☐ Our organization grants IRIOSH permission to use our name, logo, and approved branding materials for promotional purposes associated with the IRIOSH Global Occupational Safety, Health & Worker Well-Being Summit 2026 and related publications, unless otherwise communicated in writing.

☐ Our organization agrees to comply with the deadlines established by IRIOSH for submission of logos, advertisements, promotional materials, speaker information, and other sponsorship deliverables.

Authorized Representative

Organization Name	
Authorized Representative Name	
Title	
Signature	
Date	

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Application Received: ☐ Yes ☐ No **Received By:** **Sponsorship Category Approved:** ☐ Yes ☐ No **Amount Approved:** ☐ Yes ☐ No **Invoice Number:**	**Payment Received:** ☐ Yes ☐ No **Agreement Executed:** ☐ Yes ☐ No **Website Updated:** ☐ Yes ☐ No **Logo Received:** ☐ Yes ☐ No	**Advertisement Received:** ☐ Yes ☐ No **Speaker Confirmed:** ☐ Yes ☐ No **Certificate Prepared** ☐ Yes ☐ No **Remarks:**

IRIOSH CONTACT INFORMATION
International Research Institute of Occupational Safety and Health (IRIOSH)
Website: **www.iriosh.org**
Email: **info@iriosh.org**
WhatsApp (Malaysia): **+60-11-762-61806**
WhatsApp (Canada): **+1-306-575-8019**