

**10th ASIAN CONFERENCE OF ORAL HEALTH PROMOTION FOR SCHOOL
CHILDREN (ACOHPS) 2019
20 – 21 September 2019, Penang, MALAYSIA**

APPLICATION AND CONTRACT FORM

Please return this form to:

SECRETARIAT

Malaysian Association of Dental Public Health Specialist (MADPHS)

Oral Health Programme

Level 5, Block E10

Complex E, Precinct 1

62590 PUTRAJAYA

Tel : + (6)03 88834215 (general line),

Fax : + (6)03 88886133

Contacts :-

- 1) Dr Faizah Kamaruddin (MADPHS Secretary) madphsmy@gmail.com / dr.faizah@moh.gov.my +6016 2176012
- 2) Dr Salleh Zakaria (MADPHS Treasurer) salleh0312@gmail.com / drsalleh@moh.gov.my +6019-6796225

2019 ACOHPSC USE ONLY:

Date Rec'd

Total Booth Cost

Deposit Rec'd

Booth No(s)

CONTACT ADDRESS

Please type or print information in Block Letters

Company Name: _____

Address: _____

Contact Person: (Mr/Mrs/Ms/Dr*) _____

Designation: _____

Tel (Office): _____ Fax: _____ Email: _____

Tel (HP): _____

INVOICE ADDRESS (IF DIFFERENT FROM ABOVE)

Company Name: _____

Address: _____

Contact Person: (Mr/Mrs/Ms/Dr*) _____

Designation: _____

Tel (Office): _____ Fax: _____ Email: _____

Tel (HP): _____

TRADE EXHIBITION SPACE/ ADVERTISEMENT IN CONFERENCE BOOK

Full payment must be made within 10 days from the invoice date.

TRADE EXHIBITION SPACE	ADVERTISEMENT IN CONFERENCE BOOK
Number of Booths : _____ Booth number : _____ Total amount: _____	<div style="display: flex; align-items: flex-start;"> <input style="margin-right: 10px;" type="checkbox"/> USD 300/ MYR 1240 – Back cover page (inside) <input style="margin-right: 10px;" type="checkbox"/> USD 200/ MYR 827 – Full page (inside) <input style="margin-right: 10px;" type="checkbox"/> USD 120/ MYR 496 – Half page (inside) </div> Total amount: _____

METHOD OF PAYMENT

<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> 1 Visa/Master card </div> <p>I wish to pay by (specify) : _____</p> <p>My card number is (16 digits) :</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Signature : _____</p> <p>Expiry Date : _____</p> <p>Name on Card : _____</p>																	<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> 2 Directly into bank </div> <p>Account Payee: PERSATUAN PAKAR KESIHATAN AWAM PERGIGIAN MALAYSIA</p> <p>Name of Bank: CIMB ISLAMIC</p> <p>Bank Address: CIMB Islamic No. 64, Jalan Raja Muda Abdul Aziz, Kampung Baru 50300 Kuala Lumpur</p> <p>Account Number: 86-0005743-6</p> <p>SWIFT Code: CTBBMYKL</p>
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> 2 Cheque/Bank Draft </div> <p>Cheque/Bank Draft Payable to:</p> <p style="text-align: center;">“PERSATUAN PAKAR KESIHATAN AWAM PERGIGIAN MALAYSIA”</p> <p>Please fax/email copy of remittance to: Malaysian Association of Dental Public Health Specialist (MADPHS) – address as above.</p>																

SIGNATURE AND PAYMENT

Applications received without this information will not be considered.

We agree to abide by all provisions, rules and regulations as indicated in the 2019 Prospectus

Signature: _____ Print Name: _____ Date: _____