

**10<sup>th</sup> 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

Contact :-

- 1) Dr Faizah Kamaruddin (MADPHS Secretary) [madphsmy@gmail.com](mailto:madphsmy@gmail.com) / [drfaizah@moh.gov.my](mailto:drfaizah@moh.gov.my) +6016 2176012
- 2) Dr Salleh Zakaria (MADPHS Treasurer) [salleh0312@gmail.com](mailto:salleh0312@gmail.com) / [drsalleh@moh.gov.my](mailto: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;"> <b>1 Visa/Master card</b> </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;"> <b>2 Directly into bank</b> </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;"> <b>2 Cheque/Bank Draft</b> </div> <p>Cheque/Bank Draft Payable to:</p> <p style="text-align: center;"><b>“PERSATUAN PAKAR KESIHATAN AWAM PERGIGIAN MALAYSIA”</b></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: \_\_\_\_\_