

**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:
Malaysian Association of Dental Public Health Specialist (MADPHS)
Oral Health Programme
Level 5, Block E10
Complex E, Precinct 1
62590 PUTRAJAYA
Tel : + (6)03 88834247, + (6)016 2176012
Fax : + (6)03 88886133
Contact : Dr Faizah Kamaruddin
Email : drfaizah@moh.gov.my

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): _____

EXHIBITION SPACE BOOKING

Application received before **30th Apr 2019** must accompanied by 50% deposit (with the balance payable on **30th July 2019**)
Application received after **30th July 2019** must accompanied by payment of the full balance in order to be considered.

Number of Booths : _____
Booth number : _____
Total cost (USD) : _____
50% Deposit (USD) : _____
Balance (due on 30th July 2019) (RM) : _____

Note (to be filled by company if applicabe):

Preferred location, if available:

Preferably not next to or across from the following company/companies:

METHOD OF PAYMENT

1 Visa/Master card

I wish to pay by (specify) : _____

My card number is (16 digits) :

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Signature : _____

Expiry Date : _____

Name on Card : _____

2 Directly into bank

Account Payee: PERSATUAN PAKAR KESIHATAN AWAM
PERGIGIAN MALAYSIA

Name of Bank: CIMB ISLAMIC

Bank Address: CIMB Islamic
No. 64, Jalan Raja Muda Abdul Aziz,
Kampung Baru
50300 Kuala Lumpur

Account Number: 86-0005743-6

SWIFT Code: CTBBMYKL

2 Cheque/Bank Draft

Cheque/Bank Draft Payable to:

**"PERSATUAN PAKAR KESIHATAN AWAM PERGIGIAN
MALAYSIA"**

Please fax/email copy of remittance to:
Malaysian Association of Dental Public Health Specialist
(MADPHS) – address as above.

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: _____