



SPONSORSHIP REGISTRATION FORM

The International Academy of Pathology Malaysian Division (IAPMD) 9th Annual Scientific Meeting

7th to 8th September 2024

The Waterfront Hotel Kuching

ORGANIZATION INFORMATION

Organization : _____

Contact Person : _____

Designation : _____

Company Address : _____

Tel : _____ Fax : _____

Email Address : _____

PACKAGES

PREMIER SPONSORSHIP PACKAGES	AMOUNT (RM)	COLLATERAL SPONSORSHIP	AMOUNT (RM)
<input type="checkbox"/> Diamond Sponsorship	25,000	<input type="checkbox"/> Conference Bags	8,000
<input type="checkbox"/> Platinum Sponsorship	20,000	<input type="checkbox"/> Lanyard	4,000
<input type="checkbox"/> Gold Sponsorship	15,000	<input type="checkbox"/> Door gifts	2,500
<input type="checkbox"/> Silver Sponsorship	10,000		
<input type="checkbox"/> Bronze Sponsorship	6,000		

AFTERNOON TEA BREAK SPONSORSHIP

Date: 7th September 2024 4,000

8th September 2024 4,000

ADVERTISEMENT

Website Advertisement		Programme Book Advertisement	
<input type="checkbox"/> Company Logo with hyperlink	1,000	<input type="checkbox"/> Full page	3,500
<input type="checkbox"/> Company Logo Only	800	<input type="checkbox"/> Half page	1,800
		<input type="checkbox"/> Quarter page	1,000

ITEMS	AMOUNT	DEPOSIT (Upon confirmation)	FINAL PAYMENT (By 7 th August 2024)
Total Committed Sponsorship			

MODE OF PAYMENT

- Payment should be made in MYR by cash deposit or online banking (instant transfer).
- Payment is to be issued to the following account:

Account Name: Kelab Patologi Hospital Umum Sarawak

Account Number: 007-141-000368

Bank: Kuwait Finance House

- Registration form and proof of payment should be emailed to the organising committee at sponsor@iapmd2024.com
- Deadline for registration and payment: 15th July 2024.
- Payment terms are as follows:
 - (a) First 50% of the total amount to be paid at the time of booking
 - (b) Balance 50% of the total amount is to be paid latest one (1) month before the conference (7th August 2024)
- Official receipt will be sent by e-mail.
- The priority of choosing booth location is based on registration and payment sponsor.

DECLARATION

By signing below,

- I am indicating my company's agreement and commitment in sponsoring the items indicated above.
- I have also read and understood the terms and conditions and am willing to abide by them.
- I will also undertake the responsibility of informing my colleagues and staff of the terms and conditions, as well as conforming to the important dates and deadlines given by the organiser and organising committee.
- I am fully aware that my agreement is irrevocable, and no refund will be given should I decide to withdraw.
- I agree to seek the consent of the organising committee before hosting any event over the same period as the International Academy of Pathology Malaysian Division (IAPMD) 9th Annual Scientific Meeting.
- I agree to receive updates and other news about related services or events by the organiser, committee, or any reputable third-party official contractors of the conference for the purpose of assisting participation.

Name/Signature/Company Stamp

Date: