



SPONSORSHIP FORM

Reply before
15-04-2013

MPCAM 1st AGM & Weekend Seminar for GPs 2013

22 June 2012 (Saturday) 8.00am to 9.30pm
PJ Hilton Hotel

Company Name: _____

Company Address: _____

Tel. number: _____ Fax. number: _____

Person In Charge: _____

We, hereby confirm my participation for the above event for

Sponsorship options

- Lunch Symposium RM 100/pax Dinner Symposium RM 100/pax
- Tea Symposium RM 50/pax Display Table RM1,500
- Sponsor of gifts
- Sponsor your doctor ____ x RM100 per ticket
- Donations RM 1,000 RM2,000 _____
- Insertion of printed materials into Congress satchels

Remarks: _____

Approved by

Company/ organization stamp

Name:

For lunch/ dinner symposium sponsorships, a further advise will be included for 100 or more attendance.

All cheques payable to 'Medical Practitioners Coalition Association of Malaysia' (PPM/003/14/24072012)
HONG LEONG BANK - Bank account number 350-00-00670-0

Fax to 03 56301199 or email to mpcam2012@gmail.com