



Malaysian Association for the Study of Pain Bi-Annual Scientific Meeting 2014

15-16th April 2014

Swan Convention Centre, Sunway Medical Centre

BUSINESS PARTNERING FORM

Secretariat: **Mundipharma Pharmaceuticals Sdn. Bhd.** A-05-01 Level 5, Block A, PJ8, No 23 Jalan Barat, Seksyen 8, 46050 Petaling Jaya, Selangor Darul Ehsan.

Email: maspsecretariat@gmail.com (Please email form upon completion)

COMPANY INFORMATION

Company / Organization _____

Contact Person: _____

Designation: _____

Address: _____

Office Tel No: _____

Mobile No: _____

Fax No: _____

E-mail: _____

PARTICIPATION DETAILS

Please tick where applicable.

	Unit Price RM	Quantity Required	Total RM
<input type="checkbox"/> Trade Exhibition Booth - includes 3m x 3m shell booth, 1 table and 2 chairs	RM5,000		
<input type="checkbox"/> Lunch Symposium - Lunch symposium session on 16 th April 2014 This Package includes ONE complimentary 3m x 3m shell booth with 1 table and 2 chairs	RM15,000		
Advertisement in the Conference Programme Book (B/W or full colours) <input type="checkbox"/> Back outside cover <input type="checkbox"/> Front inside cover <input type="checkbox"/> Back inside cover <input type="checkbox"/> Full ordinary page	RM2,000 RM1,500 RM1,000 RM500		
Grand Total			

PAYMENT METHOD

Cash

Cheque Cheque No: _____

Please make cheque payable to "Malaysian Association for the Study of Pain"

Bank Account No:

1440 0007 0400 57

Bank Account Name:

Malaysian Association for the Study of Pain

Bank:

CIMB UM Branch

Please send proof of payment together with the completed form to any of the secretariat contacts.

Acknowledgement of your participation will be sent via e-mail to you.

Receipts for payments will be ready for collection at the start and during the event.

Date: _____

Signature: _____

Name: _____

Company stamp: