Annex 2

**SPONSORSHIP BOOKING FORM**

**15th MALAYSIAN HOSPICE COUNCIL CONGRESS ON 25th TO 27th July 2024**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTACT DETAILS (Please write clearly in capital letters)** | | | |
| Company Name : | | | |
| Contact Person : | | | |
| Designation : | | | |
| Address : | | | City: |
| State : | Country : | Postcode : | |
| Telephone/Mobile : | | Fax Number : | |
| Website : | | Email : | |

|  |  |
| --- | --- |
| **Sponsorship Package : Please tick selected packages ()** | |
| A. Premier Sponsorship (Platinum / Gold / Silver / Bronze) |  |
| B. Scientific sessions (eg lunch symposium) |  |
| C. Advertisement in Congress website (Sponsor Section) |  |
| D. Exhibition booth / Exhibition table |  |
| E. Donation (Cash or equivalent) |  |

|  |  |
| --- | --- |
| **PAYMENT METHOD** | **Please tick** |
| **1. BANK TRANSFER**  Payment payable to:  Account Name : The National Cancer Society Of Malaysia (Sarawak Branch)  Bank Name : Public Bank Berhad  Account No : 3216508036  Swift Code : PBBEMYKL  Branch : Jalan Tun Zaidi  Address : Lots 2775 & 2776 Block 10, 3rd Mile Jalan Tun Ahmad Zaidi Adruce | [ ] |
| **2. CHEQUE**  I enclose cheque number ……….. (RM…………) | [ ] |

**TERMS AND CONDITIONS**

|  |  |
| --- | --- |
| I have read and accepted all the Terms and Conditions on Page 3 of the Sponsorship Booking Form | |
| Name : | Designation : |
| Signature : | Date : |

**SPONSORSHIP BOOKING DETAILS**

Company Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Sponsorship Category** | **Sponsorship Items** | **Sponsorship Price**  **(RM)** | **Selected Package (RM)** |
| 1. Premier Sponsorship | Platinum | 50,000 |  |
| Gold | 20,000 |  |
| Silver | 10,000 |  |
| Bronze | 7,000 |  |
|  |  |  |  |
| 1. Session Sponsor | Lunch Symposium | 30,000 |  |
|  |  |  |  |
| 1. Advertisement in Congress website (Sponsor section) | Colour Full Page | 5,000 |  |
|  |  |  |  |
| 1. Exhibition Booth | Standard booth | 5,000 |  |
|  | Table | 1,000 |  |
|  |  |  |  |
| 1. Cash / Equivalent Donation | Enter amount |  |  |
| **GRAND** **TOTAL** | | |  |

For more information, please contact the MHC2024 Congress Secretariat:

Office Phone : +6082 235 809 Mobile : +6019 288 4393

Email : mhcc2024swk@gmail.com

