

BOOKING FORM

Secretariat, **Cleft2015**
G-1 Medical Academies of Malaysia
210 Jalan Tun Razak
50400 Kuala Lumpur
Tel: 03 4023 4700, 4025 4700 Fax: 03 4023 8100
Email: secretariat@cleft2015.com

8th Asia Pacific Cleft Lip/Palate/Craniofacial Congress 2015 & 19th MAPACS ASM 23-Apr-2015 to 25-Apr-2015

We wish to confirm our participation in the above as follows:

- ▶ **Exhibition Booth x _____ Booth Stand(s)** /___ / (RM10,000)
- ▶ **Lunch Satellite Symposium**
 - 23rd April 2014, Thursday /___ / (RM15,000)
 - 24th April 2014, Friday /___ / (RM15,000)
- ▶ **Dinner Symposium** /___ / (RM10,000)
- ▶ **Souvenir Programme**
 - Front Inside Cover /___ / (RM5,000)
 - Back Inside Cover /___ / (RM5,000)
 - Full Ordinary Page /___ / (RM4,000)
 - Full Ordinary Page (B&W) /___ / (RM2,000)
- ▶ **Sponsored Symposium (45minutes)** /___ / (RM12,000)
- ▶ **Hospitality Suite** /___ / (RM12,000)

Booking is on a first-come first-served basis upon receipt of full payment.

Cheques are to be issued in favour of "**MAPACS**" or you may wish to remit the payment to:

Account Name : **Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons**
Name of Bank : Public Bank Berhad
Address of Bank : Sg.Buloh Branch, Sungai Buloh 47000 Selangor
Account Number : **3150749435**
Swift Code : PBBEMYKL

Yours sincerely

(Signature)

Name of Signatory: _____ Date: _____

Name of Company: _____

Address: _____

Tel: _____ Fax: _____ Email: _____