



24th Malaysian Congress and Exhibition on Allergy and Immunology 2025
14th April 2025
Hilton Kuala Lumpur

Sponsorship Application and Booking Form

Company: _____ Country: _____

Contact Person: _____ Designation: _____

Address: _____

Tel/Mobile: _____ Email: _____

SPONSORSHIPS OPPORTUNITIES

Exhibition Space (Please mark X to indicate your selection of exhibition space/s)

No	Sponsorship Package (benefits are listed in the prospectus)	Price (RM)	Order
1	Symposium Slot 1 hour Speakers expenses to be borne by sponsors Waiver of registration for 10 Delegates	RM 15,000.00	
2	Workshop Slot fee (duration 30mins session) (Speaker's cost to be borne by sponsor) Waiver of registration for 8 Delegates	RM 15,000.00	
3.	Table Top Display	RM 5,000.00	
4.	Sponsorship of Delegates (Please refer to Registration Form)	Refer to registration form	

Note: Kindly take note that names of delegates that you are sponsoring must be sent to the secretariat two weeks prior to congress dates.

Terms and Conditions

*No refunds will be issued for cancellations received after March 15, 2025.

• Priority for selection of table location will be accorded on a first-come first-served basis and upon receipt of full payment. Kindly **email your confirmation** to the MSAI Secretariat as soon as possible, to enable the Organising Committee to plan the final programme.

Payment

Please make all payment to ‘Malaysian Society of Allergy and Immunology’ upon confirmation of your participation.

(Our exhibition contractors are not authorized to collect payment on behalf of the society)

Mode of Payment: CASH / CHEQUE / BANK DRAFT / TELEGRAPHIC TRANSFER / CREDIT CARD

Enclosed is the Cheque No. _____ for RM _____ in favour of Malaysian Society of Allergy and Immunology (Refer below for mailing address)

Credited Maybank Bhd A/C No. 514075332529 for the sum of _____ CASH / CHEQUE (Please fax proof of payment)

Sent payment via Telegraphic Transfer for RM _____ Account No. 514075332529 Swift Code: MBBEMYKL
 Maybank Berhad, Lot AG 129 & 10, Block A, Ground Floor, Plaza Pekeliling 2, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia

Authorize Malaysian Society of Allergy and Immunology to debit the following credit card for the amount of RM _____ as payment for:

Visa MasterCard Security Code (3 digits) _____

Name of Card Holder:

Credit Card No: Expiry Date: Card Holder’s Signature:

Date.....

MSAI Conference Secretariat
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3rd Floor, UMNO Selangor Building
51200 Kuala Lumpur
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Fax: 6 03 4042 7919
Mobile: 011-25155612
web site: www.allergymsai.org
e-mail: allergymsai.org@gmail.com

Rubberstamp of company and authorized signatory

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