



**24<sup>th</sup> Malaysian Congress and Exhibition on Allergy and Immunology 2025**  
**14<sup>th</sup> 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	Lunch Symposium fee - 1 hour Speakers expenses to be borne by sponsors Waiver of registration for 12 Delegates eAdvertisement, Acknowledgment logo in the eBooklet	RM 15,000.00	
2	Workshop Slot fee (duration 30 mins session) (Speaker's cost to be borne by sponsor) Waiver of registration for 12 Delegates eAdvertisement, Acknowledgment logo in the eBooklet	RM 15,000.00	
3.	Symposium Slot fee (duration 30 mins session) (Speaker's cost to be borne by sponsor) Waiver of registration for 12 Delegates eAdvertisement, Acknowledgment logo in the eBooklet	RM 15,000.00	
4.	Table Top Display	RM 5,000.00	

5.	Sponsorship of Delegates (Please refer to Registration Form)	Refer to registration form	
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**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  
 142, Jalan Ipoh  
 3<sup>rd</sup> Floor, UMNO Selangor Building  
 51200 Kuala Lumpur  
 Tel: 6 03 4041 0092, 6 03 4041 6336, 6 03 4042 7919  
 Fax: 6 03 4042 7919  
 Mobile: 011-25155612  
 web site: [www.allergymsai.org](http://www.allergymsai.org)  
 e-mail: [allergymsai.org@gmail.com](mailto:allergymsai.org@gmail.com)

**Rubberstamp of company and authorized signatory**  
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