



**1st NATIONAL INTERVENTIONAL PAIN MANAGEMENT SYMPOSIUM
& CADAVERIC WORKSHOP**

UNIVERSITI MALAYA MEDICAL CENTRE

18TH – 19TH JUNE 2011

BOOKING FORM

Secretariat,
Mundipharma Pharmaceuticals Sdn Bhd
A-5-01, Level 5, Block A, PJ8,
No.23, Jalan Barat, Seksyen 8,
46050 Petaling Jaya, Selangor, MALAYSIA
Tel : +603 7946 0606
Fax : +603 7946 0600

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

Please tick here :

☐ **TRADE EXHIBITION** : RM5,000/booth Please indicate No. of Booth(s) to be booked : _____
(Booth(s) will be allocated on a “first-come, first-served” basis upon receipt of full deposit)

☐ **SOUVENIR PROGRAMME** (full colours)

☐ Back Outside Cover : RM3,000

☐ Back Inside Cover : RM1,000

☐ Front Inside Cover : RM2,000

☐ Half-page : RM500

PAYMENT

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

Enclosed with a Bank Draft / Cheque :

- Cheque no. _____ Bank : _____
- Bank Draft no. : _____ Bank : _____
- Money Order no. : _____ Bank : _____
- Telegraphic Transfer :

Account Number : 1440-0007040-05-7

Account Name : Malaysian Association for the Study Of Pain

Bank : CIMB Bank Berhad

Branch : CIMB University Malaya

Swift Code : CIBBMYKL

Yours sincerely,

(Signature & Company Stamp)

Name of Signatory : _____ Date : _____

Name of Company : _____

Tel : _____ Fax : _____ Email : _____

Please send to Secretariat a copy of the telegraphic transfer bank slip together with the booking form after the payment has been deposited. Contact persons : Sunyi Lim/Richard Leong. Email : maspsecretariat@gmail.com