REGISTRATION FORM

☐ Strategic partner(3m x 6m) USD 5,000 X _





USD 400 (B/W) x_

12 | 13 | 14 **OCTOBER**

Please write in BLOCK CAPITALS

DECISED ATION					
+ REGISTRATION					
Company Name:					
Address:					
Contact Person:					
Contact Number:					
(Office) Contact Number:					
(Mobile)					
Fax Number:					
Email:					
Designation:					
Fascia Board Name:					
			(Max. 35 letters)		
+BOOTH		please tick	(\checkmark) where it is applicable		
MEDI AMEDI					
MALAYSIA MEDICAL DEVICE EXPO 2020	Medical Pharmaceutical Expo 2020	INNOVATION IN HEALTH IN	VENTIONS 8		
Standard Shell Scheme Bo	ooth (3m x 3m)	Standard Shell Scheme Booth (3m x 3m)			
	Needle Punch Carpet		Needle Punch Carpet		
COMPANY NAME	2. Information Counter - 1 unit	COMPANY NAME 25 M	2. Information Counter - 1 unit		
2.0 11	3. Folding chair - 2 unit	2.5 M	3. Folding chair - 2 unit		
	4. Wastepaper basket 1 unit		4. Wastepaper basket 1 unit		
000	5. 13amp power outlet - 1 unit	and	5. 13amp power outlet - 1 unit		
3.0 M	6. Company name Sticker Cut out - 1 unit	3.0 M	6. Company name Sticker Cut out - 1 unit		
AXONOMETRIC VIEW Per Booth	USD 2,500 x	AXONOMETRIC VIEW Per Booth	USD 1,250 x		
Early Bird Fee (before 28 February 2020		Early Bird Fee (before 28 February 2020)	USD 1,150 x		
Bare space per sqm (min 18sqm)	USD 258 x	Bare space per sqm (min 18sqm)	USD 125 x		
+ BOOK ADVERTISEMENT					
O Sponsorship (Bare Space)				
☐ Platinum (6m x 9m)	USD 40,000 X	Advertisement Selection (Ple	ease tick)		
_		☐ Outside Back Cover USD	1,500 (Colour) x		
☐ Gold (6m x 6m)	USD 25,000 X	☐ Inside Front Cover USD	1,200 (Colour) x		
☐ Silver (6m x 6m)	USD 20,000 X	☐ Inside Back Cover USD	1,050 (Colour) x		
		☐ Full Page (R.O.P) US	D 750 (Colour) x		
☐ Bronze (3m x 6m)	USD 10,000 X	☐ Full Page (R.O.P)	USD 500 (B/W) x		
_		Half Page (R.O.P)	D 650 (Colour) x		

☐ Half Page (R.O.P)

+ PRESENTAT	ION	TOI				
		3131				
Date :						
Topic :	L					
Speaker :	L					
Time :		10.00am -10.45am	☐ 11.00am - 11.45am	12.00pm - 12.45pm		
		2.00pm - 2.45pm	3.00pm - 3.45pm	4.00pm - 4.45pm		
No. of Slot:/ per slot USD 500						
+TRANSFER I	DETA	ILS				
Please make cheque payable to MY EVENTS SDN.BHD. Name of Account: My Events Sdn Bhd Bank : CIMB Account No. : 8007 7566 69 Branch : Wisma Genting, 28, Jalan Sultan Ismail 50250, Kuala Lumpur, Malaysia Swift Code : CIBBMYKL +TERMS & CONDITIONS						
1. PARTICIPATIONS FEE & CANCELLATIONS 1.1 Upon submission of the registration form to the Organiser, the Exhibitor agrees to make full payment within 30 days from receipt of invoice, or before the event, which ever is earlier. Failing which, the Organiser shall be entitled to cancel the booking made by the Exhibitor. The Organiser shall then have the right to allocate the Exhibitor Booth to another Exhibitor. 1.2 For any reacellation 30 days before the event, participation fees will be forfeited. 1.3 Nonpayment or non-attendance does not constitute cancellation. 1.4 For any reason, Organiser decide to cancel or postpone this exhibiton, Organiser is not responsible for covering airfare, hotel, or other travel cost incurred by clients. 1.5 This exhibition fee will not be refunded, but can be credited to a future exhibition. Event program content is subject to change without notice.						
2.2 Should the Exhibitor decic 3. PROHIBITIONS 3.1 The Exhibitors is expressl 3.2 The Organiser reserves th 3.3 The Exhibitor shall not ass	de to engag y prohibited ne right to ir sign, sub-le	e a contractor other than from the official contract from displaying any Exhibits which are unlawful, estruct the exhibitor to remove such unlawful or im	offensive, explosive or immoral at their Exhibition Booth or ha imoral exhibits immediately from the Exhibition Booth failing acturer, employees or supplier to occupy the exhibition space	iser. The non-official contractor shall undertake to adhere to all Terms & Conditions contained herein. Itall. Which the Organiser has the right to remove the same, and the Exhibitor shall be liable to pay the Organiser the costs and expenses incurred.		
4. RIGHT OF REMOVAL	ght to preve	ent access or to remove from the Exhibition space		g in a way which may cause a breach of peace, or may be considere to be harmful, undesirable or offensive, or may constitute a danger to		
5. CHANGE OF THE VENUE AND /	OR TIME		ser shall accordingly inform the Exhibitor in the Eve of any si	uch change. The change of the venue and duration of the exhibition shall not entitle the Exhibitors to cancel its participation in the exhibition.		
6. INDEMNITY		aniser snail not be liable for any cialm arising from	i such change. d or in the possession of the Exhibitor throughout the exhibiti	ion		
7. FORCE MAJEURE In the event of fire, tempest, 6	explosion of	f any kind, failure or neglect on the part of any utili	·	n, war, fire or explosions or any other event beyond the control of the Organiser that prevents or hinders the Organiser from fulfilling its		
8. RIGHTS		•	ons contained from time to time without the need to inform the			
9. COPYRIGHT All intellectual property rights in all material produced or distributed by Organiser in connection with this event is expressly reserved and any unauthorized duplication, publication or distribution is prohibited.						
10. DATA PROTECTION Client confirms that it has requested and consented to Organiser retaining client information on Organiser database to be used by Organiser and information on Organiser database to be used by Organiser and passed to selected third parties, to assist in communicating products and services which maybe of interest to the client. If the client wishes to stop receiving such information please inform MYMEDEV via email to secretariat at info@mymedex.com.my						
11. MEDINOVA QUALIFICATION 11.1 Company establishment 11.2 Turnover not more than 11.3 Should own innovative p	for not mo	re than 3 years		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
We have read, understand & accept the terms & conditions set forth herein.						
Signature :			Date :	Company Stamp :		
-		without a signature. AUTHORISA		sign on behalf of contracting organisation		







