

SPONSORSHIP FORM

I/We would like to participate as a Sponsor in the conference. Below are the details:

Organisation : _____
 Contact Person : _____
 Designation : _____
 Address : _____
 Telephone No : _____ H/P no. : _____
 Fax No : _____ Email : _____

Please tick (/) and fill where applicable:

Sponsorship Package

No.	Package	Amount(MYR)	Please tick here
1	Platinum	25,000	
2	Gold	15,000	
3	Silver	10,000	
4	Bronze	5,000	

Package for Exhibitors

No.	Package	Amount(MYR)	Please tick here
1	Exhibition Booth Plus	3,000	
2	Exhibition Booth	2,000	
3	Conference Souvenirs	1,500	
4	Conference Bag/Kits	1,500	

Participant Sponsorship Packages

No.	Category	Amount	Please tick here
1	Developing Country	USD 350	
2	Malaysia	MYR1,500	

Signature & Name

Company Stamp & Date

Jointly Organized by



Organizing Secretariat

National Poison Centre of Malaysia, Universiti Sains Malaysia, 11800 Penang, MALAYSIA



+604 653 6999



www.apamt2024.usm.my



apamtMalaysia@usm.my