

MICF2016 EXHIBITOR APPLICATION FORM

A. Company/Organisation Details

Company/Organisation Name:						
Full Address:						
City:		Postcode:	Postcode: Country:			
Telephone:			E-mail:			
ax:			Website:			
Contact Person:	Mr Ms.					
Job Title:		Handphone No:				
Business Category: (tick all that apply)			Government	Health & Wellbeing Playgroup / Playschool Insurance Sports & Recreation Kindergarten Tourism Products & Services Learning Centre Toys & Games		
B. Booth Details Type of Booth(s) Red	quired. Please tic	k on the type of ho	poth(s) and calculate	the total amount due		
Booth Type	Booth Size 3m x 3m 3m x 3m 3m x 3m 3m x 3m	Early Bird Price RM 3200 RM 2800 RM 1500 RM 1500	Regular Price RM 3500 RM 3200 RM 2100 RM 2100	Quantity	Amount (RM)	
Floor space only (w/	out shell schen	ne): Less RM200	0 per booth Disc	counted Amount:		
Suggested Booth Number(s): Total: RM						
•	acct No: 5123436	643036) before th	ne due dates - 9/9/ 2	2016 (Early Bird) &	31/10/2016 (Regular) ther agree to abide by them.	
Date (DD/MM/YY):	Signature:					