



MALAYSIA INTERNATIONAL HEALTHCARE (MIH) MEGATRENDS 2024

25 - 27 OCTOBER 2024 | KUALA LUMPUR CONVENTION CENTRE

EXHIBITORS BOOKING FORM



A. INFORMATION

Name : _____

Designation : _____

Email Address : _____

Mobile No. : _____

Company Name : _____

Industry : _____

Mailing Address : _____

City : _____

Postcode : _____

Country : _____

State : _____

Tel No. : _____

B. EXHIBITION FEES

Local* MYR 20,000/booth

* Registered under the Companies Act 2016 Suruhanjaya Syarikat Malaysia

International** MYR 30,000/booth

** International company operates primarily outside of Malaysia

Total Lot Requested: _____

C. MAIN PURPOSE FOR PARTICIPATING

- | | |
|---|---|
| <input type="radio"/> Networking opportunities | <input type="radio"/> For purchasing purposes |
| <input type="radio"/> To source new opportunities | <input type="radio"/> For learning purposes / R&D |
| <input type="radio"/> To meet new suppliers | <input type="radio"/> Invited by exhibitors |
| <input type="radio"/> To explore the event with the intention of exhibiting | <input type="radio"/> Other: _____ (Please Specify) |

D. HOW DID YOU KNOW ABOUT US?

- | | |
|--|---|
| <input type="radio"/> Social Media | <input type="radio"/> Referral |
| <input type="radio"/> Printed Materials (Magazine, newspaper etc.) | <input type="radio"/> Billboard |
| <input type="radio"/> Internet Ads | <input type="radio"/> TV |
| <input type="radio"/> Event | <input type="radio"/> Other: _____ (Please Specify) |

I hereby agree that the above information is true
KPJ Healthcare Berhad recognise the importance of protecting your personal information and any personal information collected in this form will be treated in accordance with the KPJ Privacy Notice and Personal Data Protection Act (PDPA) <https://kpjhealth.com.my/home/pdpa>

Kindly send this form to mihmegatrends@kpjhealth.com.my. For further enquiries, please contact +6012-3300 017 (Ms.Syru)

Signature / Name:

Company Stamp:

Date: