



Ref. no.:

Application for MPA Conference Sponsorship.

Details of Applicant			
Name			
Telephone no.		E-mail	
Place of Practice			
Life Ordinary / Associate membership since		Early Career Psychiatrist	Yes / No
MMC number		NSR (if applicable)	
Previous conference sponsorship(s) by MPA			
Conference	Location	Year	
1.			
2.			
3.			
Details of Conference.			
Conference title			
Start date - End date			
Location			
Submission	<input type="checkbox"/> Oral presentation <input type="checkbox"/> Poster <input type="checkbox"/> Others:		
	Title / topic / session details:		

If attending as speaker / trainer / moderator etc.	Title / topic / session details.
Details of Expected Expenses.	
Registration fee	
Accommodation	
Flight	
Others	
Applicant's Acknowledgment.	
<p>I hereby declare that the above particulars of facts and information stated are correct to the best of my belief and knowledge.</p> <p>.....</p>	
Name:	Date:

Please attach the following **documents** upon application:

1. Proof of MPA membership approval.
2. Conference flier including program details.
3. Proof of submission acceptance.

Please submit the following documents to our Secretariat **within one month** after the conference attendance.

1. Receipts for registration fees, accommodation, flight and other expenses.
2. Relevant transaction documents if any.

Please e-mail your application form along with the specified documents to secretariat@psychiatry-malaysia.org and title the email as "MPA Conference Sponsorship Application by Dr (your name)".

(For office use only).

Date received:

This application by (name) is
APPROVED / NOT APPROVED by the committee on (date).

The following application is not approved due to the reason(s) below (to be filled if **NOT APPROVED**):

1.
.....
2.
.....