



Support for Homegrown National Conventions





Malaysia... Convention & Exhibition Bureau

Lalaysia Jruly Asia





Support for Homegrown National Conventions



### Criteria:

- The organisation applying for support must be registered with the Companies Commission of Malaysia or Registry of Societies of Malaysia and an active national association, professional conference organiser, association management company or a registered corporate company.
- 2. Must be a paid event whereby registration fees must be collected from delegates.
- 3. Application must be received by Malaysia Convention & Exhibition Bureau (MyCEB) at least three (3) months prior to the event date.
- 4. Must have a minimum of two (2) full event days at the participating campaign partner's venue.
- 5. Must comprise a minimum of fifty (50) registered delegates.

### Terms and conditions:

- 1. Reimbursement of travel arrangements for invited speakers or paper presenters will be made directly to the organiser after event completion.
- Payment for venue subsidy will be made directly to the venue by MyCEB after completion of event.
- 3. This offer is not valid with any other MyCEB campaign or support.
- 4. Campaign is valid until December 2021 and subject to availability.
- 5. Financial support is claimable after completion of event with complete submission of documentation within the stipulated time.
- 6. All participating campaign partners need to comply with the post COVID-19 safety measures advised by the Ministry of Health Malaysia.

### Let's connect:

Convention Unit Malaysia Convention & Exhibition Bureau (MyCEB) Level 20, Menara 2, Menara Kembar Bank Rakyat, No. 33, Jalan Rakyat, 50470 Kuala Lumpur, Malaysia 
 Tel
 : +603 2264 3000

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# **REQUEST FOR SUPPORT**

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## **EVENT PROFILE**

| Event Name :  |                                     |        |                                  |              |              |          |                        |  |  |  |
|---|-------------------------------------|--------|----------------------------------|--------------|--------------|----------|------------------------|--|--|--|
| Event Date (DD/MM/YYYY to DD/MM/YYYY) :   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Event Venue :   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Event Website :   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Industry Sector (e.g. medical, finance) :   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Delegate Profile :  |                                     |        |                                  |              |              |          |                        |  |  |  |
| Delegate  | Delegate Source Number of Delegates |        |                                  |              |              |          |                        |  |  |  |
| Local (host city)   |                                     |        |                                  |              |              |          |                        |  |  |  |
| National  |                                     |        |                                  |              |              |          |                        |  |  |  |
| Total   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Total Room Nights :   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Programme Outline (briefly outline your confirmed or proposed programme including arrival and departure details):   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Day   | Programme                           |        |                                  |              | Destination  |          |                        |  |  |  |
| - /   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Neta: Alternatively, you may englage a conv of the programme  |                                     |        |                                  |              |              |          |                        |  |  |  |
| Note: Alternatively, you may enclose a copy of the programme.   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Arovouu   | icina a                             | confe  | erence and event managem         | ont in Malay |              | O No     |                        |  |  |  |
|   |                                     |        |                                  |              |              | U NO     |                        |  |  |  |
| If yes, please provide the following details :  |                                     |        |                                  |              |              |          |                        |  |  |  |
| Company :   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Name (salutation, first name, surname) :  |                                     |        |                                  |              |              |          |                        |  |  |  |
|   | Designation :                       |        |                                  |              |              |          |                        |  |  |  |
| Telephone : Fax : Mobile :  |                                     |        |                                  |              |              |          | IVIODIIE :             |  |  |  |
| Email :   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        | nd planned) :                    |              |              |          |                        |  |  |  |
| Date/Year   | r                                   | Dest   | ination                          |              | Number of De | elegates | Primary Hotel(s)/Venue |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
| O Subs  | idv for                             | interr | national speaker(s) travel ar    | rangement    |              |          |                        |  |  |  |
| <ul> <li>O Subsidy for international speaker(s) travel arrangement</li> <li>O Venue / F&amp;B subsidy at the official venue for the 1st event day only</li> </ul> |                                     |        |                                  |              |              |          |                        |  |  |  |
| O venu  | C/IOL                               | 5003   | sidy at the official vehicle for | LITE ISLEVEI | it day only  |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
| Outline a list of major supporters and sponsors for this event. Alternatively, you may enclose an attachment.   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |
|   |                                     |        |                                  |              |              |          |                        |  |  |  |

## **REQUEST FOR SUPPORT**

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### **DETAILS OF LOCAL HOST**

| Company :   |               |   |  |  |  |  |  |  |  |
|---|---------------|---|--|--|--|--|--|--|--|
| Company License or Business Registration Number : |               |   |  |  |  |  |  |  |  |
| Address :   |               |   |  |  |  |  |  |  |  |
|   |               |   |  |  |  |  |  |  |  |
| State/Province :                                  |               |   |  |  |  |  |  |  |  |
| Country :   | Postcode :    |   |  |  |  |  |  |  |  |
| Company Telephone :                               | Company Fax : | Company Website :                           |  |  |  |  |  |  |  |
| Company Type :                                    |               |   |  |  |  |  |  |  |  |
| O Corporation O G                                 | overnment O A | O Association / Non-Government Organisation |  |  |  |  |  |  |  |
| CONTACT PERSON                                    |               |   |  |  |  |  |  |  |  |
| Full Name (salutation, first name, surname) :     |               |   |  |  |  |  |  |  |  |
| Designation :                                     |               |   |  |  |  |  |  |  |  |
| Telephone :                                       | Fax :         | Mobile :                                    |  |  |  |  |  |  |  |
| Email :   |               |   |  |  |  |  |  |  |  |

I/We hereby confirm that I/We shall give the consent to Malaysia Convention & Exhibition Bureau (MyCEB) to use our personal data for the purpose of subvention and any related purpose subject to the terms and conditions and in the manner set under the Personal Data Protection Act 2010, Malaysia.

Date of Application (DD/MM/YYYY) :

SIGNATURE :

NAME :

COMPANY STAMP :

Please return completed form to:

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