

Let's Meet Now

Meet in 
Malaysia

Support for Domestic
Conventions




Malaysia
Convention
& Exhibition
Bureau

Malaysia
Truly Asia

Let's Meet Now

Support for Domestic Conventions

PACKAGE

30 - 250
Participants

- Subsidy on event venue / F&B partners' venue. OR
- Subsidy on audio visual equipment during the event.

Criteria:

1. The support packages are exclusive for Malaysia-based registered organisations and educational institutions.
2. Applications must be submitted thirty (30) days before the event. However, an application submitted less than a month is subject to Management's approval.
3. Minimum of one (01) full day event.
4. Minimum event size of thirty (30) participants.
5. Financial support will be claimable after the event with the complete submission of documentation and within the stipulated timeline.

Terms and conditions:

1. Reimbursement will be made directly to the organiser after event completion.
2. 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 2022 and subject to availability.

Let's connect:

Convention Unit
Malaysia Convention & Exhibition Bureau (MyCEB)
Level 9, Menara Z10, Jalan Alamanda 2, Precint 1
62000 Putrajaya, Malaysia

Tel : +603 8893 4500
Email : mycebsa@myceb.com.my
Web : www.myceb.com.my



myceb.com.my/meetinmalaysia

REQUEST FOR SUPPORT

Let's Meet Now

Domestic Conventions

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 Source		Number of Delegates	
Local (host city)			
International			
Total			
Total Room Nights :			
Programme Outline (briefly outline your confirmed or proposed programme including arrival and departure details):			
Day	Programme		Destination
Note: Alternatively, you may enclose a copy of the programme.			
Are you using a conference and event management in Malaysia? <input type="radio"/> Yes <input type="radio"/> No			
If yes, please provide the following details :			
Company :			
Name (salutation, first name, surname) :			
Designation :			
Telephone :		Fax :	Mobile :
Email :			
Event History (past and planned) :			
Date/Year	Destination	Number of Delegates	Primary Hotel(s)/Venue
Please select one of the following:			
<input type="radio"/> Subsidy on event venue / F&B from partners' venue. OR			
Subsidy on audio visual equipment during the event.			
Outline a list of major supporters and sponsors for this event. Alternatively, you may enclose an attachment.			

REQUEST FOR SUPPORT

Let's Meet Now
Domestic Conventions

DETAILS OF AFFILIATED INTERNATIONAL ORGANISATION (If applicable)

Company :		
Company License or Business Registration Number :		
Address :		
State/Province :		
Country :	Postcode :	
Company Telephone :	Company Fax :	Company Website :
Company Type :		
<input type="radio"/> Corporation <input type="radio"/> Government <input type="radio"/> Association / Non-Government Organisation		
<input type="radio"/> Others (please specify) :		
CONTACT PERSON		
Full Name (salutation, first name, surname) :		
Designation :		
Telephone :	Fax :	Mobile :
Email :		

DETAILS OF LOCAL HOST

Company :		
Company License or Business Registration Number :		
Address :		
State/Province :		
Country :	Postcode :	
Company Telephone :	Company Fax :	Company Website :
Company Type :		
<input type="radio"/> Corporation <input type="radio"/> Government <input type="radio"/> Association / Non-Government Organisation		
<input type="radio"/> Others (please specify) :		
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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