

IEM ACADEMY SDN BHD 1016575-D

GST ID No. 002028294144

SST REG. NO. B16-1901-32000008

(Wholly owned subsidiary of The Institution of Engineers, Malaysia) Wisma IEM (1st Floor), No. 21, Jalan Selangor, 46150 Petaling Jaya, Selangor Darul Ehsan.

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INTERNATIONAL SYMPOSIUM ON PRACTICAL APPLICATIONS OF GROUND ENGINEERING FOR EMBANKMENTS ON SOFT SOILS, 2022 (GEESS2022) (MUSTAFA AHMAD MEMORIAL LECTURE) BOOKING FORM

1. CONTRIBUTIONS AND DONATIONS

Donations (RM)	Package in return	Amount (RM)		
RM18,000.00	1 inside full colour page			
	Advertisement & acknowledgement			
RM16,000.00	1 inside full colour page			
	Advertisement & acknowledgement			
RM14,000.00	1 inside full colour page			
	Advertisement & acknowledgement			
RM12,000.00	1 inside full colour page			
	Advertisement & acknowledgement			
RM10,000.00	1 inside full colour page			
	Advertisement & acknowledgement			
RM8,000.00	1 participant & acknowledgement			
RM6,000.00	1 participant & acknowledgement			
Others please specify				
	TOTAL:			

2. SPONSORSHIPS

Sponsorship	SST	Amount (RM)	Package in return	
RM20,000.00	RM1,200.00	RM21,200.00	1 inside full colour page	
			Advertisement &	
			acknowledgement	
RM15,000.00	RM900.00	RM15,900.00	1 inside full colour page	
			Advertisement &	
			acknowledgement	
RM10,000.00	RM600.00	RM10,600.00	1 inside full colour page	
			Advertisement &	
			acknowledgement	
RM5,000.00	RM300.00	RM5,300.00	1 inside full colour page	
			Advertisement &	
			acknowledgement	
			TOTAL:	

3. ADVERTISEMENT

Details		Advertisement Rate (RM)		Amount (RM)		
Outside Bac	k Page	RM5,300	0.00			
Inside Front Page RM4,770.00			0.00			
Inside Back						
Inside Full	Page	RM3,180	0.00			
	TOTAL:					
		pove and enclose he _ (non-refundable) r		que no for o:-		
	que made paya	ble to " IEM ACADEI rd soft copy of paym		(or)		
Account Name	Account Name : IEM ACADEMY SDN BHD					
Account Numbe	r : 214035001	39397				
Bank Name : RHB Bank Berhad						
Bank Address	Bank Address : No. 5, Jalan 52/18, PJ New Town, 46200 PJ.					
Swift Code	: RНВВМҮКІ	L				
Contact Informatio Contact Name: Organisation:	n (For Invoice	and Payment Purp	oses):			
Position:						
Mailing Address						
Email Address:						
Contact No.:	Office		Mobile			
Date:	1	Coi	mpany Stamp	:		
Signature:						