

# Kancil Creative Festival Conference 2024

## Registration Form

(HRD: 10001480082)

Date: 22 November 2024

Time: 8.30am-6.00pm

Venue: EX8

3, Jalan SS 13/4, Subang Jaya Industrial Estate,

47500 Subang Jaya, Selangor

Fee: 4As Member- RM 500.00+8% SST/pax

Non-Member- RM 800.00+8% SST/pax

Student: RM 50.00 +8% SST/pax

### In Print

No	Salutation Mr/Ms	Name As Per NRIC	NRIC	Designation	Contact	Email (This will be the email you will be registered with IPA)

### Please tick

HRD registered employer: Yes  No

We have read and accept the Terms & Conditions outlined in this form.

### 4As Terms and Conditions

1. Please submit the completed registration form for us to issue a quotation for your HRD grant application.
2. A copy of the HRD approval is to be submitted by 20 November 2024 to the 4As. For conferences, HRD does not have a cap for the number of delegates. Please check with your respective HRD officer for further details.
3. In the event, HRD does not approve the full amount of the Delegate fee, the company is responsible for settling any balance amount due to the 4As accordingly
4. If you are not claiming or are unable/unsuccessful to claim HRD, full payment or purchase order should be made by 20 November 2024
5. Any payment withheld by HRD due to non-compliance with HRD requirements will be invoiced to the company.
6. 4As Member's fee is applicable only for Delegates who are full-time employees undersigned by the Member Agency below. It is not applicable for employees of a Related, Associate, Subsidiary or from a Holding company that are not a 4As Member.
7. 4As reserves the right to use photos and live videos from the summit for promotional, marketing, and public relations purposes.
8. 4As reserves the right to change the details and speakers of the conference at its sole discretion due to unforeseen circumstances.
9. Cancellations are not allowed. However, substitutions are allowed with 24 hours' prior notice to the 4As Secretariat. The Company must make the necessary updates on applications to HRDC. The Company will be charged the full fee for a "No Show".

Training Manager signature:.....

Company Stamp:  
(With Billing Address)

Training Manager name:.....

Email: .....

Contact number: .....

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Note: Please provide a purchase order if required to effect payment

