

# Sponsorship Application Form



**MyICID**

Malaysian Society of Infection Control  
& Infectious Diseases

## Section A: Applicant Information

Full Name	
NRIC No.	
MyICID Membership No.	<i>MYICID</i>
Job Title	
Institution / Organization	
Mailing Address	
Email Address	
Mobile Number	
Bank Name & Account Number	
Have you received any sponsorship from MyICID in the past 24 months?	<input type="checkbox"/> NO <input type="checkbox"/> YES — please specify the date(s) and purpose

## Section B: Sponsorship Request Details

Type of Sponsorship	<input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Training <input type="checkbox"/> Publication <input type="checkbox"/> Other (please specify):
Title of Event / Paper	
Organizer / Journal	
Location	
Date(s)	

<b>Purpose of Attendance</b>	<input type="checkbox"/> Participant <input type="checkbox"/> Presenter (Poster/Oral Presentation) <input type="checkbox"/> Speaker
<b>Amount Requested (RM)</b>	<input type="checkbox"/> Registration Fee : RM  <input type="checkbox"/> Publication Fee : RM  <i>NOTE:</i> 1. The sponsorship amount granted may differ from the amount requested and will depend on the criteria outlined in the MyICID policy and the annual sponsorship budget. 2. Publication fee sponsorship applies only to members who are the first author.
<p><b>In no more than 50 words, please describe how attending this event (or publishing your paper) will benefit your practice or that of others.</b></p>	
<p><b>Would you be interested in sharing the insights you gained from the event (or your publication) at future MyICID educational events — perhaps as a speaker, facilitator, or in any other suitable capacity?</b></p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> MAYBE</p>	

## Section C: Supporting Documents

Please attach the following (where applicable):

- Event Brochure or Invitation Letter
- Abstract (if presenting or publishing)
- Curriculum Vitae (CV)
- Proof of Registration/Acceptance
- Letter of Support from Institution

## Section D: Declaration by Applicant

I hereby declare that the information provided in this application is true and complete. I understand that MyICID reserves the right to approve or reject this application, and that all decisions regarding the sponsorship amount granted are final. I agree to use the sponsorship solely for the purpose stated in this application and will return any unutilised funds to MyICID. I also agree to acknowledge MyICID's support in any presentation, publication, or related activity connected to the sponsored event.

Signature:

Name:

Date:

### Submission:

Please complete this application form and submit it to the MyICID Executive Committee via email at **myicid1@gmail.com** at least 30 days before the event date.

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#### For MyICID Office Use Only

Application received on: \_\_\_\_\_

Application reviewed by exco on: \_\_\_\_\_

Decision:

Approved      Amount approved: RM \_\_\_\_\_

Not Approved

Remarks: