**APPENDIX B**

CLINIC SESSION FOR MyHIJAU MARK REGISTRATION

REPLY FORM

Malaysian Green Technology Corporation

No.2, Jalan 9/10, Persiaran Usahawan, Seksyen 9

43650 Bandar Baru Bangi

Selangor Darul Ehsan.

**(Attn.: Nur Farhana Binti Norafandi)**

Tel. : +603-8921 0817

Fax : +603-8921 0801

Email : [nurfarhana@greentechmalaysia.my](mailto:nurfarhana@greentechmalaysia.my)

**INVITATION TO CLINIC SESSION FOR MYHIJAU MARK REGISTRATION**

I would like to confirm that I will (be able/not able\*) to attend the above mentioned programme scheduled that will be held as below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **/** | **Venue** | **Time** | **Fees** |
| 20 April 2017 |  | Klang Valley (Marriott Hotel) | 9.00 AM – 5.00 PM | No charges |
| 27 April 2017 |  | Johor  (Grand Paragon Hotel) |
| 18 May 2017 |  | Klang Valley (Shangri-la Hotel) |
| 25 May 2017 |  | Penang (Royale Bintang Hotel) |
| 6 July 2017 |  | Klang Valley (Shangri-la Hotel) |
| 25 July 2017 |  | Sabah ( Horizon Hotel) |
| 27 July 2017 |  | Sarawak (Riverside Majestic Hotel) |
| 10 August 2017 |  | Klang Valley (Marriott Hotel) |

*\*****Choose only one***

|  |  |
| --- | --- |
| Name of organization: |  |

**Representative 1**

|  |  |
| --- | --- |
| Name: |  |
| Title (Mr./Ms./Mrs.) |  |
| Designation: |  |
| E-mail Address: |  |
| Contact Number: |  |

**Representative 2**

|  |  |
| --- | --- |
| Name: |  |
| Title (Mr./Ms./Mrs.) |  |
| Designation: |  |
| E-mail Address: |  |
| Contact Number: |  |

*Kindly complete the reply form and return it to us via e-mail, fax, or hard copy*