7th MPDPA ASEAN DSA CONGRESS



TRADE EXHIBITION 2024



Sunday 25th Feb.2024 Armada Hotel, Petaling Jaya.











LEARN HOW TO ...

- COLOUR COORDINATE YOUR OUTFITS
- CLOTHES THAT SUIT YOUR BODY SHAPE
- WHAT IS A 'CAPSULE WARDROBE'?
- DRESSING & STYLING FOR MEN
- POWER COLOURS TO BOOST YOUR CONFIDENCE





WHAT'S YOUR
PERSONAL
STYLE?

FIND OUT MORE IN OUR DSA CONGRESS

PROGRAMME







9.00 - 10.00 AM

REGISTRATION

10.00 - 11.00 AM

SCAMMERS ~
HOW TO AVOID FROM A BANKING
PERSPECTIVE.



MOHD HAFEZ BIN A HAMID
BANK ISLAM DEPUTY VICE PRESIDENT & BANK MANAGER
SUBANG JAYA

11.00 - 11.30 AM

MORNING TEA BREAK

11.30 - 12.45 PM
THE ART OF MANAGING ANXIOUS
DENTAL PATIENTS



ASSOC PROF. DR.ANNAPURNY VENKITESWARAN
BDS (MAL), MCLINDENT (MAL), MFDSRCS (ENG), DIPHYP (LCCH),
PGDIP HEALTH ECON (USW)
CENTRE FOR PAEDIATRIC DENTISTRY & ORTHODONTICS
FACULTY OF DENTISTRY UITM

12.45 - 1.00 PM

LUCKY DRAW

1.00 - 2.30 PM

LUNCH

2.30 - 2.45 PM

SENSITIVITY: IMPACT ON PATIENT QUALITY OF LIFE AND MANAGEMENT



VIVIEN ONG XIU YAO

HALEON, SENIOR ORAL HEALTHCARE PRODUCT
SPECIALIST

2.45-4.15 PM

WHAT'S YOUR PERSONAL STYLE?



LORETTA LUCIA
PERSONAL STYLIST & MAKE UP ARTIST

4.15-5.00 PM

LUCKY DRAW & EVENING TEA

**SEMINARS WILL BE CONDUCTED IN BOTH BAHASA MALAYSIA & ENGLISH ** PROGRAMME SUBJECT TO CHANGES

REGISTRATION FEES





DELEGATES FROM

EARLY BIRD NOW - 31/1/2024

1 FEB 2024-21 FEB 2024

MPDPA MEMBERS' DSAS / MOH STAFF NURSES & DSAS

RM 300

RM 350

NON MPDPA MEMBERS' DSAS / STAFF NURSES

RM 350

RM 400

STUDENT: DSA/DENTAL

NURSES

(PLEASE SUBMIT PROOF)

RM 250

RM 300

REGISTRATION CLOSES 21/FEB/2024 NO ON SITE REGISTRATION NON REFUNDABLE REGISTRATION FEES

**. GROUP REGISTRATION: 6 PAX & ABOVE: 10% OFF THE STATED FEES.

(APPLICABLE TO DSAS FROM THE SAME CLINIC OR INSTITUITION / GROUP PRACTICE)



MPDPA ACCOUNT:

MAYBANK: 5641 2843 0729

BANK IN CROSSED CHEQUE MADE PAYABLE TO: MPDPA

FOR FPX & CREDIT CARD PAYMENT - KINDLY ENQUIRE FOR PAYMENT LINK



WHATS APP PROOF OF PAYMENT TO: DR. ASHMI WONG (012 5067 911)

REGISTRATION





Name of Doctor (Member / Non Member) :
Clinic Name / MOH or Any Instituition :
Name of Participants :
1.
2.
3.
4.
5.
Contact Number (Available on Whatsapp) :
Email: E Receipts will be issued via email. Please provide correct email address.

^{**} PROGRAMME SUBJECT TO CHANGES WITHOUT PRIOR NOTICE.

^{**} NON REFUNDABLE REGISTRATION FEES

^{**} ANY CHANGES IN PARTICIPANTS NAME WILL BE ALLOWED UNTIL 10TH FEB 2024 ONLY.