2nd KELANTAN INTERNATIONAL PUBLIC HEALTH CONFERENCE (2nd KIHC) 2017 PHOTOVOICE COMPETITION TERMS AND CONDITIONS

A. INFORMATION OF COMPETITIONS

1. Photovoice Competition for 2nd Kelantan International Public Health Conference 2017 is organized by The Public Health Association of Kelantan and Kelantan State Health Department.

2. The competition is enduring for 6 (six) months commencing from 1st November 2016 until 31st May 2017.

3. The theme is “Healthcare”.

4. The organizers will distribute the entry announcement through the Head of Department/ District Health Officer of Kelantan as well as the announcements via the following website: http://jknkelantan.moh.gov.my/kihc2017/.

B. QUALIFYING COMPETITION

1. The competition is open to all Malaysians aged 18 years and above.

C. TERMS AND CONDITIONS

1. Participants should send images/ digital photos and related to the selected theme only.

2. Photos must be original and related to the theme (Health Care).

3. A photo is per entry but participants can submit as many entries as they could.

4. Each entry must be accompanied by a photograph (with a caption), size 8” x 12” (8R) and should be sent to: Secretariat of Photovoice, Health Education Unit, Kelantan
5. Participants must fill out the entry form and then email the photo (not allowed to put the tagline on the photo for softcopy) to email: upk negerikelantan@gmail.com (for archives).

6. Each photo should have a brief “caption” that relate to the theme.

Example

![Photo Caption Example](image)

7. Organizer will choose 30 best photos for exhibition during the Opening Ceremony of the Conference.

8. Each entry fee of RM20.00 (USD 4.49) should be made by the following method:

<table>
<thead>
<tr>
<th>Method</th>
<th>Details</th>
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<tbody>
<tr>
<td>a) Cash/ Check to: Association of Kelantan Public Health, Infectious Diseases Branch, Jln. Mahmood, 15200 Kota Bharu, Kelantan, MALAYSIA</td>
<td>(Note: The secretariat will verify the status of payments by check/ money order payments).</td>
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<tr>
<td>b) Bank Transfer/ Telegraphic Transfer to: Public Health Association of Kelantan, Bank: Malayan Banking Berhad (Maybank), Account Number: 553010602734 MEPS Bank Code: MBBEMYKL</td>
<td>(Note: Proof of payment must be email to: <a href="mailto:khc2017.register@gmail.com">khc2017.register@gmail.com</a> &amp; the secretariat will verify the status of your payment).</td>
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D. CLAIMS AND COPYRIGHT

1. Kelantan State Health Department and The Public Health Association of Kelantan is entitled to use the photos for all health education aspect.

2. Kelantan State Health Department and The Public Health Association of Kelantan also has the right to make changes to the entries for education, broadcasting and health promotion.

E. PRIZES AND RESULTS

1. Cash prizes for each category are as follows:

   - First Prize : RM500.00 (USD 112.37) & Certificates of Participation
   - Second Prize : RM300.00 (USD 67.42) & Certificates of Participation
   - Third Prize : RM200.00 (USD 44.95) & Certificates of Participation

2. Each photo will be judged on originality, concept, creativity and quality by a panel of judges appointed by the organizers.

3. Organizer will contact the winner by mail, phone and email.

4. The Jury’s decision is final. Organizers will be not entertain any appeal or protest.
F. CLOSING DATE

1. The closing date for the competition is on **31st May 2017**.

   **Any question/inquiry, please contact:-**

   **Secretariat of Photovoice Competition**
   **Kelantan International Health Conference 2017**
   Health Education Unit
   Kelantan State Health Department
   Lot 3173, JalanMaktabPengkalanChepa,
   16100 Kota Bharu, Kelantan, MALAYSIA

   Tel : 097742099
   Fax : 097743099
   Email : upkneverikelantan@gmail.com

   **Or Visit:**

NAME : ________________________________________________________________ (Refer to ID card)
Identification No. : ___________________________________ Age : __________________
Sex : Male ☐ Female ☐
Address : _____________________________________________________________
Contact No. : _________________________________________________________
Email Address : _________________________________________________________
Photo Location : _________________________________________________________
Photo Description : _______________________________________________________
Verification : Hereby, I certify that the enclosed participation is the result of my original work. I agree with all the terms of this competition.
Signature : _______________________________ Date : ___________________________

FOR OFFICE USE ONLY
Participation Document: Complete ☐ Incomplete ☐
Acceptance : Date ______________ Time ______________
Name of Receiver : _______________________________________________________
Signature : _______________________________ Date : ___________________________

Note : Incomplete form will be disqualified.