

Delegate Registration Form

Please complete the form with capital letter, and mail or fax to:

Secretariat **“The 8th Asian Pacific Topic Conference (Monothematic Meeting) 2017 in conjunction with Indonesian Digestive Disease Week (IDDW) 2017“**

C/o Menteng Square Apartment, Tower A No.6

Jl. Matraman Raya No. 30E

Jakarta 10430 – Indonesia

Phone +62-21-2961 4303, 3148 680

Fax +62-21-2395 1145, 3148 681

E-mail iddw.gastroenterologi@yahoo.co.id

Website www.iddw2017.id

Yes, I will attend:

- EUS/EMR-ESD/ERCP Workshop in Animal
- The 8th Asian Pacific Topic Conference (APTC)
- Indonesian Digestive Disease Week (IDDW)

Prof. DR. Dr. Mr. Mrs. Ms.(Please tick✓)

Name :

Institution :

No. Hp :

E-mail :

Sponsor :..... Contact Person Phone

REGISTRATION FEE								
Registration Fee	EUS/EMR-ESD/ERCP Workshop in Animal + IDDW + APTC				IDDW + APTC			
	Domestic Participants	Domestic Participants	Foreign Participants	Foreign Participants	Domestic Participants	Domestic Participants	Foreign Participants	Foreign Participants
	Until 28 Feb 2017	After 28 Feb 2017 & On Site	Until 28 Feb 2017	After 28 Feb 2017 & On Site	Until 28 Feb 2017	After 28 Feb 2017 & On Site	Until 28 Feb 2017	After 28 Feb 2017 & On Site
Specialist/ Consultant of Gastroenterologist	IDR 10,000,000	IDR 10,500,000	USD 800	USD 850	IDR 4,000,000	IDR 4,500,000	USD 350	USD 400
GP/ Trainee					IDR 3,000,000	IDR 3,500,000	USD 200	USD 250
Student/ Nurse					IDR 2,000,000	IDR 2,500,000	USD 150	USD 200

METHOD OF PAYMENT

Bank Transfer to:

Name : PT. Multi Taruna Sejati

Bank : Bank Mandiri, Branch Universitas Yarsi

IDR Account : 120-000-490-1455

USD Account : 123-000-471-3535

Swift Code : BMRIIDJA

Signature of applicant,

(.....)