

Delegate Registration Form

Please complete the form, and mail or fax to:

Secretariat "**Jakarta International GI Endoscopy Symposium & Live Demonstration 2017**"

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

Jl. Matraman Raya No. 30E

Jakarta 10430 – Indonesia

Phone +6221-3148680; 29614303

Fax +6221-3148681; 23951145

Email jiges.ld@gmail.com

Website www.jiges2017.com

Yes, I will attend:

JAKARTA INTERNATIONAL GI ENDOSCOPY SYMPOSIUM & LIVE DEMONSTRATION 2017

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

Name :

Institution :

Phone :

E-mail :

Sponsor : Contact Person Phone

	Domestic Participants		Foreign Participants	
	Before May 31, 2017	After May 31, 2017 & On Site	Before May 31, 2017	After May 31, 2017 & On Site
Specialist	IDR 4.000.000	IDR 4.500.000	USD 350	USD 400
General Practitioner	IDR 2.000.000	IDR 2.500.000	USD 200	USD 250
Nurse/ Student	IDR 1.250.000	IDR 1.500.000	USD 125	USD 150

- Please do as appropriate
- Student need to obtain statement letter from the institution (resident Sp1)

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 : BMRIDJA

Signature of applicant,

(.....)