

# Hotel Reservation 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](mailto:jiges.ld@gmail.com)

Website [www.jiges2017.com](http://www.jiges2017.com)

## **A. PARTICIPANTS**

Prof.       Dr.       dr.       Mr.       Mrs.       Ms. (Please Tick√)

Name : .....

Institution : .....

City : ..... Country : .....

Phone : ..... Fax : ..... Email : .....

Sponsor : ..... Contact Person ..... Phone: .....

## **B. HOTEL RESERVATION** (Please Tick√)

Borobudur Hotel – Jakarta

Superior IDR 1.600.000,-nett/room/night/2 breakfast

Deluxe IDR 1.800.000,-nett/room/night/2 breakfast

Check in Date : ..... Check out Date : ..... Total night : .....

Total Room Rate : .....

## **C. CONDITIONS**

- Please note, reservation will be on "First come first served" basis and confirmation is subject to availability
- Applications for hotel accommodation must be made on this Hotel Reservation Form
- Hotel reservation should be arranged only by the Organizing Committee
- Time limit of room reservation **September 29** and the latest balance should be settled by **September 29**
- A no show charge will be applied for no show or delayed check in date

## **D. 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