

REGISTRATION FORM

One Registration Form per Person

Full Name :
(Underline Last Name)
Name on Name Tag :

Salutation : Mr. Mrs. Prof. Dr.

Institution/Organization :

Mailing Address :

City :

State :

Postcode :

Country :

Telephone :

Faximile :

Mobile Phone :

E-mail(s) :

REGISTRATION FEES

Please tick a Box

CONFERENCE (4-5 August 2016)			
Category	early bird by 23 May	24 May-4 July	5 July-4 August (subject to availability)
International			
Professional	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 300	<input type="checkbox"/> USD 450
Student	<input type="checkbox"/> USD 125	<input type="checkbox"/> USD 150	<input type="checkbox"/> USD 250
Indonesian Resident			
Professional	<input type="checkbox"/> Rp. 1.500.000,-	<input type="checkbox"/> Rp. 2.000.000,-	<input type="checkbox"/> Rp. 3.000.000,-
Student	<input type="checkbox"/> Rp. 750.000,-	<input type="checkbox"/> Rp. 1.000.000,-	<input type="checkbox"/> Rp. 1.500.000,-

I am a : Participant Presenter Paper Code:

ROUND TABLE DISCUSSION (6 August 2016)			
Category	early bird by 23 May	24 May-4 July	5 July-6 August (subject to availability)
International			
Professional	<input type="checkbox"/> USD 50	<input type="checkbox"/> USD 75	<input type="checkbox"/> USD 100
Student	<input type="checkbox"/> USD 25	<input type="checkbox"/> USD 35	<input type="checkbox"/> USD 50
Indonesian Resident			
Professional	<input type="checkbox"/> Rp. 500.000,-	<input type="checkbox"/> Rp. 750.000,-	<input type="checkbox"/> Rp. 1.000.000,-
Student	<input type="checkbox"/> Rp. 250.000,-	<input type="checkbox"/> Rp. 350.000,-	<input type="checkbox"/> Rp. 500.000,-

PAYMENT METHOD

Make Bank Transfer payable to:

(Fees do not include Bank Transfer charge, add as applicable)

BANK MANDIRI, KCP Bandung Siliwangi - Bandung, INDONESIA. Swift Code: BMRIIDJA

- US Dollar: DR.Ing.Ir. Heru Wibowo, MURP, IAI - Acct.No. 130-00-0564603-2
 ID Rupiah: DR.Ing.Ir. Heru Wibowo, MURP, IAI - Acct.No. 130-00-0474754-2

Please write on messafe line: "AP6" and your Full Name

Fax or e-mail this Registration Form with copy of Payment Transfer Receipt (and Student id card/certification, if applicable) to:

Are-Polis 6 International Conference

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