

SYMPOSIUM REGISTRATION FORM

TITLE	
FIRST NAME	
LAST NAME	
INSTITUTION	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
POSTAL CODE	
PHONE	
E-MAIL	

PAID BY SPONSOR

COMPANY NAME	
ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
PHONE/ FAX	
E-MAIL	

SYMPOSIUM FEE

Status	Early Registration Until October 31st, 2015	November 1st, 2015 - January 23rd, 2016	On Site
Medical student (please include the scan of student card)	<input type="checkbox"/> Rp. 850.000	<input type="checkbox"/> Rp. 900.000	<input type="checkbox"/> Rp. 1.000.000
Medical doctor / Resident	<input type="checkbox"/> Rp. 850.000	<input type="checkbox"/> Rp. 1.000.000	<input type="checkbox"/> Rp. 1.250.000
Specialist	<input type="checkbox"/> Rp. 1.250.000	<input type="checkbox"/> Rp. 1.500.000	<input type="checkbox"/> Rp. 2.000.000

Payment can be transferred to
Mandiri Cabang RS Hasan Sadikin Bandung
 Account name: Hardisiswo Soedjana
 Account number: 132-001-317-5477
 Please make a copy and fax it along with
 registration form to +62-811-2276871

_____, _____ 2015/2016

PARTICIPANT'S NAME AND SIGNATURE

FOR FURTHER INFORMATION, PLEASE CONTACT US:
 RIRI 082130786686 | ADLA 081183556 | SITHA 082216142082

UPDATES IN PLASTIC SURGERY | JANUARY, 30TH-31ST 2016