

## Delegate Registration Form

Please complete the form, and mail or fax to:

Secretariat **“Hands-on Workshop on EUS/ERCP in conjunction with Indonesian Digestive Disease Week (IDDW) 2018 “**

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.gastroenterology@gmail.com](mailto:iddw.gastroenterology@gmail.com)

Website [iddw2018.com](http://iddw2018.com)

### Yes, I will attend:

Hands-on Workshop on EUS/ERCP

Indonesian Digestive Disease Week (IDDW)

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

Name : .....

Institution : .....

Phone : .....

E-mail : .....

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

E-mail : .....

	Domestic Participants		Foreign Participants	
	Early Bird Rate Valid until 31 January 2018	Regular Rate & Onsite	Early Bird Rate Valid until 31 January 2018	Regular Rate & Onsite
<b>Hands-on Workshop on EUS/ERCP + IDDW</b>	IDR 10.500.000	IDR 12.000.000		
<b>Indonesian Digestive Disease Week (IDDW) 2018 (Symposium Only)</b>				
GP/Resident*, Nurse	IDR 2.000.000	IDR 2.500.000	USD 400	USD 500
Specialist	IDR 4.000.000	IDR 4.500.000		

\* Resident will get 50% discount from the above fee, and need to obtain statement letter from the institution

### METHOD OF PAYMENT

Name : PT Multi Taruna Sejati

IDR Account : 123-000-738-5562

USD Account : 123-000-471-3535

Bank : Mandiri Branch Universitas YARSI

Swift Code : BMRIIDJA