

REGISTRATION FORM

One Registration Form per Person

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

Salutation Mr. Ms. Prof. Dr.

Institution/Organization :

Mailing Address :

City/State/Postcode :

Country :

Telephone : Fax :

E-mail(s) : Cell :

REGISTRATION FEES

Please tick a Box

		A. Conference Early-Bird Registration (by 30 April)	B. Conference Regular Registration (after 30 April)
1	International - Professional	<input type="checkbox"/> US\$ 250	<input type="checkbox"/> US\$ 300
2	International - Student	<input type="checkbox"/> US\$ 125	<input type="checkbox"/> US\$ 150
3	Indonesian Resident - Professional	<input type="checkbox"/> Rp. 500.000,-	<input type="checkbox"/> Rp. 600.000,-
4	Indonesian Resident - Student	<input type="checkbox"/> Rp. 250.000,-	<input type="checkbox"/> Rp. 300.000,-

Please tick a Box

I am a : a Participant
(select one) b Presenter (write Code:

Total Payment Amount :

Write amount :

PAYMENT METHOD

Make Bank Transfer payable to:

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

- US Dollars : 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

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

Please write on message line: "Arte-Polis 4" and your Full Name

Fax or e-mail this Registration Form with copy of Payment transfer (and Student certification, if applicable) to:

Arte-Polis 4 International Conference

Institut Teknologi Bandung (ITB) - School of Architecture, Planning and Policy Development

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