

REGISTRATION FORM



Asia Pacific Regional Internet Conference on Operational Technologies
 Bali, Indonesia, 21 February – 2 March 2007

Please complete all fields using capita letters and fax to Secretariat with copy of your bank documents (if any) or credit card to (62-21) 570 5798 attn Ms. Glorie Yuliani

PARTICIPANT

Title Mr. Mrs. Ms. Others _____

First name _____ Sure Name _____

Address _____

City/State _____ Post Code _____ Country _____

Phone Number _____ Fax Number _____

Email _____ Cellphone Number _____

REGISTRATION RATE

(kindly tick appropriate boxes).

Rate Details			FULL RATE		APNIC MEMBER
			USD	IDR	USD
Early Bird before 5 Jan '07	• Workshop (5 days)	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> Rp 2.700.000	<input type="checkbox"/> \$ 300.00	
	• Tutorial (1,5 days)	<input type="checkbox"/> \$ 210.00	<input type="checkbox"/> Rp 1.890.000	<input type="checkbox"/> \$ 160.00	
	• Conference (2.5 days)	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> Rp 2.700.000	<input type="checkbox"/> \$ 225.00	
Standard Rate after 5 Jan '07	• Workshop (5 days)	<input type="checkbox"/> \$ 400.00	<input type="checkbox"/> Rp 3.600.000	<input type="checkbox"/> \$ 400.00	
	• Tutorial (1,5 days)	<input type="checkbox"/> \$ 280.00	<input type="checkbox"/> Rp 2.520.000	<input type="checkbox"/> \$ 210.00	
	• Conference (2.5 days)	<input type="checkbox"/> \$ 400.00	<input type="checkbox"/> Rp 3.600.000	<input type="checkbox"/> \$ 300.00	
	• APNIC Member Meeting (1 day)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> Rp 450.000	<input type="checkbox"/> Free	

METHOD OF PAYMENT

Cash Credit Card Visa Master

WireTransfer
 (please copy us the bank transfer transaction)

Account Name : Pacto – APJII
 Bank : Lippo Bank
 Acc. Number (USD) : 705 - 30 - 70788 - 4
 Acc. Number (IDR): 705 - 30 - 09265 - 1
 Address : Bank Lippo, Cabang Plaza Centris Lt.1
 Jl. HR. Rasuna Said Kav. B-5 Kuningan Jakarta
 12910
 Swift Number : LIPBIDJA

Credit Card Number : _____

Account Name : _____

Expired date : _____

Card Holder's Signature : _____

Notes :

- This reservation will be accepted only upon received of payment. Payment with credit card will be charged based on the local currency (Rupiah). If you pay by Visa or Master card, additional 5% should be added to the total amount (Indonesian Banking regulation).

For any other inquiry please contact :

PCO & Conference Secretariat : c/o PACTO Convex Ltd, Lagoon Tower Level B1, The Sultan Hotel Jakarta,
 Jl. Jend. Gatot Subroto Jakarta 10270 – Indonesia , Phone : (62 - 21) 570 5800 Fax : (62 - 21) 570 5798 E-mail: secretariat@apricot2007.net