

IC-GCID INTERNATIONAL CONFERENCE

DATE: 20 - 22, May 2016

VENUE: Grand City Hotel & Convention, Makassar, Sulawesi Selatan
Indonesia

Registration Form

No: 00 /IC-GCID/III/2016

Full Name (Certificate) :

Place & Date of Birth :

Institution :

Address :

Mobile Phone :

Email Address :

Register for (please tick) BEFORE 1st May 2016

Payment

Participant

Rp. 700.000

Presenter/ Poster

Rp. 750.000

Register for (please tick) AFTER 1st -10th May 2016

Payment

Participant

Rp. 900.000

Presenter/ Poster

Rp. 1.000.000

Makassar, / / 2016

Conference Coordinator

Participant