

Registration Form

Name :

Address :

Phone Mobile :

Fax :

Office :

Email :

Use **P** for the following options

Register me as :

- Participant
 - Main Lectures Only
 - Pre Conference
 - Post Conference

Please input date on check in and check out column, use month date format (August 6)

Hotel (rating)	Room Type	Rate	Check In	Check out
Discovery Kartika Plz (*****)	Superior	Rp. 975.000,-		
Adhi Jaya (***)	Deluxe	Rp. 800.000,-		
The Rani (***)	Deluxe	Rp. 950.000,-		
Bali Rani (***)	Deluxe	Rp. 900.000,-		
Kuta Paradiso (*****)	Deluxe	Rp. 800.000,-		

Use **P** for the option, and insert the information requested

Payment

Mode of Payment	Currency	Amount:
<input type="checkbox"/> Cash	<input type="checkbox"/> Rupiah	Rp.
<input type="checkbox"/> Transfer to :	<input type="checkbox"/> US. Dollar	USD.

Payment in US. Dollar

Account No. 3609900126
 ABNA IDJA ABN AMRO Bank
 Beneficiary : Ria Budiati

Payment in Rupiah

Account No. 6550184140
 BCA Bank. Abd Muis Branch
 Beneficiary : Ria Budiati

Please fax the Receipt to +62-21-8497 2143 or email to bali_ortho@yahoo.com

Website: <http://www.ikorti-iao.org>