

REGISTRATION FORM

Please type or print in BLOCK LETTER and tick (✓) where applicable

Prof Dr Mr Mrs Ms

First Name :		Surname :	
Institution :			
Address :			
City / ZIP code :	Phone :	Fax :	E-mail :

Registration Fee :

Category	Before January 1, 2012	Start on January 1, 2012
General practitioner InaSH member	<input type="checkbox"/> Rp. 800.000,-	<input type="checkbox"/> Rp. 1.000.000,-
	<input type="checkbox"/> Rp. 700.000,-	<input type="checkbox"/> Rp. 950.000,-
Specialist InaSH member	<input type="checkbox"/> Rp. 1.000.000,-	<input type="checkbox"/> Rp. 1.250.000,-
	<input type="checkbox"/> Rp. 900.000,-	<input type="checkbox"/> Rp. 1.100.000,-
Student / Nurse	<input type="checkbox"/> Rp. 600.000,-	<input type="checkbox"/> Rp. 600.000,-
Accompanying person (non medic)	<input type="checkbox"/> Rp. 500.000,-	<input type="checkbox"/> Rp. 500.000,-

Workshop		
1. Cardiology Ambulatory Blood Pressure Monitoring	<input type="checkbox"/> Rp. 1.250.000,-	<input type="checkbox"/> Rp. 1.500.000,-
2. Neurology Brain Screen: Exploring Hypertension Impacts on Cerebral Function	<input type="checkbox"/> Rp. 1.250.000,-	<input type="checkbox"/> Rp. 1.500.000,-
3. Nephrology Fluid, Electrolyte and Hypertension	<input type="checkbox"/> Rp. 1.250.000,-	<input type="checkbox"/> Rp. 1.500.000,-

Sponsor :	Contact Person (sponsor) :
Signature :	Amount :

Payment should be made to :
Bank Mandiri KCP Jkt RS Harapan Kita
117-00-0601327-0
a/n Rossana Barack/Pringgodigdo Nugroho

Policy of Registration:

- Starting from January 12, 2012, we can only accept changing or substitution of the participant names and there will be no refund for any registration payment.
- Starting February 1st, 2012, we will no longer accept for any changing or revision of participant's data.

Hotel Reservation Form

Please type or print in BLOCK LETTER and tick (✓) where applicable

Prof. Dr. Mr. Mrs. Ms.

First Name :		Surname :		
Institution :				
Address :				
City/ZIP code :	Phone :	Fax :	E-mail :	

The Ritz-Carlton Hotel, Jakarta

Room Type	Room Rate net/night (Incl.breakfast)	Check in	Check out	Total Night
<input type="checkbox"/> Grand Room <input type="checkbox"/> Grand Tempus Room <input type="checkbox"/> Grand Club <input type="checkbox"/> Mayfair Room	Fully Booked			

JW Marriott Hotel Jakarta

Room Type	Room Rate net/night (Incl.breakfast)	Check in	Check out	Total Night
<input type="checkbox"/> Deluxe <input type="checkbox"/> Executive <input type="checkbox"/> Governor	Fully Booked			

Four Season Hotel Jakarta

Room Type	Room Rate net/night (Incl.breakfast)	Check in	Check out	Total Night
<input type="checkbox"/> Deluxe	Rp. 1.425.000,-

Sponsor :	Contact Person (sponsor) :
Signature :	Amount :

Payment should be made to : Bank Mandiri KCP Jkt RS Harapan Kita
117-00-0601327-0
a/n Rossana Barack/Pringgodigdo Nugroho

- All cancellations or substitution of reservation must be notified in writing to the 6th InaSH Annual Meeting Secretariat before **January 18, 2012**
- There will be **no refund** for all cancellation from **January 18, 2012**
- Please contact the 6th InaSH Annual Meeting Secretariat for name replacements, changes of the room type and notifying check in/out date of hotel reservation prior to **February 8, 2012**