

Please complete the form below and return it to:

IconISE Conference Secretariat Office
Departemen of Industrial Engineering
Institut Teknologi Sepuluh Nopember
Kampus ITS Sukolilo Surabaya 60111 Indonesia
Fax: +62 31 5939361 **Email:** iconise@its.ac.id

PAYMENT METHOD:

Please make the payment via bank transfer to the following account:

Account Number	:	0	3	4	-	9	3	6	-	8	5	1	4
SWIFT code	:	B	N	I	N	I	D	J	A				
Account holder name	:	A	N	N	Y		M	A	R	Y	A	N	I
Country	:	I	N	D	O	N	E	S	I	A			
Bank Name	:	B	A	N	K		B	N	I				
Branch Office	:	I	T	S		S	U	R	A	B	A	Y	A

All bank Charges are to be paid by participant, including transfer fee or other administration needs.

- *) Student Participants Should Attached A Copy Of Student Id Card.
- **) Additional paper is second paper that presented by same presenter.

CONFERENCE REGISTRATION FORM

Title : Prof. Dr. Mr. Mrs. Ms. Others, please specify _____

Surname Name : _____ First Name : _____

Institution	Department	City, Country

Author: No, Yes (Please fill in the table below)

Paper ID	Paper Title

Nationality : Indonesia Other : _____

Email address: _____ Phone/Mobile Number : _____

PAYMENT FORM

REGISTRATION FEE			
	Domestic Participants	International Participants	AMOUNT (IDR/USD)
EARLY BIRD CONFERENCE FEE (Payment before July 23rd 2017)			
Student *)	<input type="checkbox"/> IDR 2,000,000	<input type="checkbox"/> USD 250	→
Academic	<input type="checkbox"/> IDR 2,500,000	<input type="checkbox"/> USD 350	→
Non Academic/ Professional	<input type="checkbox"/> IDR 2,500,000		→
NORMAL CONFERENCE FEE			
Student *)	<input type="checkbox"/> IDR 2,500,000	<input type="checkbox"/> USD 300	→
Academic	<input type="checkbox"/> IDR 3,000,000	<input type="checkbox"/> USD 400	→
Non Academic/ Professional	<input type="checkbox"/> IDR 2,500,000		→
ADDITIONAL PAPER (maximum 1 paper) **)			
1 paper	<input type="checkbox"/> IDR 500,000	<input type="checkbox"/> USD 50	→
BEDUGUL – BALI TOUR on August 31st 2017			
<input type="checkbox"/> Person(s) x	<input type="checkbox"/> IDR 350,000	<input type="checkbox"/> USD 30	→
TOTAL PAYABLE FEE (USD/IDR) ***)			→

Information about transfer :

Bank holder name :

Account name :

Account number :

Date of transfer :

Amount :

***) Please attach the copy/scan of your transfer receipt and send to iconise@its.ac.id for validating your Payment.

Signature of the participant : _____ Date : _____