

Registration Form

(Fill in this form and send it to us)

Name : _____

Degree/Title : _____

Institution : _____

Position : *Lecturer/Teacher/Student/Other _____

Mobile phone : _____

Email address : _____

Wishes to register as a :

*PAPER PRESENTER / PARTICIPANT

Name to appear on the conference certificate

Enclosed a bank draft/transfer receipt as the proof of the registration fee payment.

* Put a circle on your choice

All information of the conference can be accessed in www.umpwr.ac.id