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| **Date:** | | | | | | | |
| **This form enables you to:**   * Register to attend the 4th APRiSH 2019 * Be informed about the conference terms and conditions   **Please complete, scan, and email this form along with all attachment with following format in the next page (Registration Conditions) to:**  Email: **aprish2019@gmail.com** | | | ***Important notes***   * All prices quoted are in United States of America Dollars (USD) and Indonesian Rupiah (IDR). * By completing this registration form you have read, understood and agreed to the registration policies and the privacy statement as stated on this form and the website * Please send all pages to conference official email: **aprish2019@gmail.com** * Please keep a photocopy for your record. * One form per person. | | | | |
| **Contact Details** | | | | | | | |
| Mr Ms Mrs Miss  Dr Prof | | | | Other (please specify) | |  | |
| **Last name** |  | **First name** | |  | | | |
| **Paper Title** |  | | | | | | |
| **Paper Submission Number (ID on OCS)** |  | | | | | | |
| **Organization/Institution** |  | **Civitas of Universitas Indonesia (Yes/No)** | | | |  | |
| **Position** |  | | | | | | |
| **Address** |  | | | | | | |
| **Suburb/Town** |  | | | | | | |
| **State** |  | **Country** | | |  | **Postcode** |  |
| **Work phone** | **(     ) -** | **Work fax** | | | **(     ) -** | **Mobile** |  |
| **Email** |  | | | | | | |

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| **Role at Conference** | | |
| Speaker/Presenting Author | Non-presenting Author | Public/Participant |

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| **How did you find out about the conference** | | |
| Colleague told me | Direct email notification | Received information in the mail |
| Website search | Workplace notice board | Other – please specify. |

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| **Conference Registration**  Registration fee is **per person** and **includes** attendance to the conference, coffee-break and lunch, Welcome Reception, and conference materials. | | | | |
| **Registration type** | | **Early bird rate**  **(Before July 31st 2019)** | | **Regular rate**  **(From August 1st - 10th 2019)** |
| **Internationals** | | | | |
| Presenter | | Waived | | Waived |
| Participant | | IDR 1.000.000 | | IDR 1.000.000 |
| **Indonesia** | | | | |
| Presenter of Universitas Indonesia | | IDR 500.000 | | IDR 1.000.000 |
| Participant of Universitas Indonesia | | IDR 500.000 | | IDR 500.000 |
| Indonesian Presenter (Non-UI) | | IDR 1.500.000 | | IDR 2.500.000 |
| Participant (Non-UI) | | IDR 500.000 | | IDR 500.000 |
| **Publication Fee** | | | | |
| Proceeding (Exclude Proofreading Service) | | $110 | | \* Will be invoiced separately |
| **Terms & Conditions** | | | | |
| **REGISTRATION CONDITIONS**   1. The registration fees apply for each presenter all accepted papers and the same fees also apply for non-paper participants and non-presenting authors. 2. 1 (one) paper are presented under maximum 2 presenters 3. Any accepted paper included in the final proceedings is expected to have at least one author to attend and present the paper at the conference. Accepted papers that are not presented (“non-attendance” papers) will not be included in the final conference proceedings. 4. The payment for **early bird** registration fees of the accepted papers must be made by *July 30th, 2019.* 5. The payment for **regular** registration fees of the accepted papers must be made by *August 10th, 2019.* 6. Payment must be made in full amount. The conference is **not responsible** for additional bank charges and transfer fees. 7. No refunds will be made for non-attendance at the conference. 8. **[IMPORTANT]**Please fill in the **registration form**, send it to the secretariat email at [aprish2019@gmail.com](mailto:aprish2019@gmail.com) along with:    1. **Scanned proof of payment**    2. **Scanned of passport/student visa (for international presenter)**    3. **Letter of Acceptance for international presenter**    4. **Upload your UI student card or valid proof of UI civitas cademica (only for UI presenter or participant)**   with e-mail format :   * + FOR PRESENTER:     - Subject email: Presenter\_\_Track\_ID Paper     - Insert the following information in the body email       * Author’s name (all author’s name):       * Presenter’s name:       * ID & Title of the paper:       * Attachment (see 4 point listed above)   + FOR PARTICIPANT ONLY:     - Subject email: Participant\_Name\_Afiliation\_Country       * Name :       * Affiliation & Country:       * Attachment (see point number 1 and 4 listed above)   Transfer of registration: transfer of your registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing to the conference office prior to the conference.  **NOTES**   1. To qualify for early bird registration, registration fees must be received by July 30th,2019. | | | | |
| **Privacy Statement** | | | | |
| **Use of personal information**  The conference organiser will collect and store information you provide in this registration form for the purposes of enabling us to:   * Register your attendance at the conference; * Assist with administrative and planning purposes; * Plan and develop conferences and other events in the future; * Facilitate your requirements in relation to the conference; and * Allow the compilation and analysis of statistics relevant to the conference.   The information that you provide in the registration form and information provided at any other time during the conference, including, but without limitation, any feedback obtained during the conference, will be used by the conference organiser to offer, provide and continue to improve its conferences and other services.  **Disclosure of personal information to third parties**  The conference organiser may disclose some of the information that is collected in the registration form such as your name, organisation and its location and your email address to conference sponsors and exhibitors for marketing purposes.  The conference will not otherwise, without your consent, use or disclose your personal information for any purpose unless it would reasonably be expected that such purpose are related to the offer, provision and improvement of the conference or where such purpose is permitted or required by law. Registrants may withhold consent for disclosure of their contact details to sponsors by contacting the conference office by August 10th,2019. | | | | |
| **Additional Notes for Committee** *(if any):*  **I have read and understood the terms & conditions.** | | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Verified by Committee** :  Name :  Date : | | Signature: | | |