

THE 13TH ASIA PACIFIC HOSPICE AND PALLIATIVE CARE CONFERENCE

GRAND CITY CONVEX SURABAYA, AUGUST 1st - 4th 2019

PARTICIPANT (Kindly Completed)

Title : Prof Dr dr Specialist Other

Full Name :

Membership Number :

Organization/Institution :

Mailing Address :

Country :

Zip Code :

Mobile Phone :

Email :

Sponsor :

Name:

Mobile Phone :

Please Mark (v) on Hotel you choose

NO	HOTEL	ROOM TYPE	RATE/NETT/NIGHT
<input type="checkbox"/> 1	Majapahit Hotel (★5)	Classic	USD 85
<input type="checkbox"/> 2	Sheraton Surabaya Hotel & Towers (★5)	Deluxe	USD 105
<input type="checkbox"/> 3	JW Marriott Hotel Surabaya (★5)	Deluxe	USD 97
<input type="checkbox"/> 4	Bumi Surabaya City Resort (★5)	Classic	USD 116
<input type="checkbox"/> 5	Wyndham Surabaya (★5)	Deluxe	USD 65
<input type="checkbox"/> 6	Surabaya Suites Hotel (★4)	Business Suite	USD 40
<input type="checkbox"/> 7	Four Points By Sheraton Surabaya (★4)	Deluxe	USD 85
<input type="checkbox"/> 8	Harris Hotel & Conventions Gubeng (★4)	Harris	USD 42
TOTAL		USD	

Equivalent currency USD 1 = IDR 15.500

CANCELLATION AND REFUND POLICY

Written cancellation notice is required. Cancellation must be received before May 1st 2019 a 50% refund will be returned after congress ended. No refund will be allowed thereafter

PAYMENT BY

Bank Name : CIMB Niaga Branch Surabaya

Account Number : 800 - 15096 - 5700

Account Name : Masyarakat Paliatif Indonesia

Swift Code : BNIAIDJA

SIGNATURE

Please quote the sender's name on the bank transfer statement

When transmitting, please make sure who send the money possibly by fax.

THIS FORM TOGETHER WITH THE REQUISITEMENT PAYMENT AND/OR DOCUMENTATION SHOULD BE EMAILED/FAXED TO:

The Congress Secretariat: Phone: +62 31 5052127, +62 31 5501089 | Fax: +62 31 5018840

Email: aphc2019surabaya@gmail.com