

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 Workshop / Symposium you choose

| NO | WORKSHOP | TYPE | FEE FOR CONFERENCE DELEGATES | FOR WORKSHOP ONLY |
|-----------------------------|--|---------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> Integration and Standard of Palliative Care in Clinical Oncology | Full Day | <input type="checkbox"/> 60 USD | <input type="checkbox"/> 150 USD |
| <input type="checkbox"/> 2 | <input type="checkbox"/> Paediatric Palliative Care | Full Day | <input type="checkbox"/> 75 USD | <input type="checkbox"/> 200 USD |
| <input type="checkbox"/> 3 | <input type="checkbox"/> Mandarin Hospice Summit <i>(* session conducted in Chinese)</i> | Full Day | <input type="checkbox"/> 75 USD | <input type="checkbox"/> 200 USD |
| <input type="checkbox"/> 4a | <input type="checkbox"/> Pain Management | Half Day (AM) | <input type="checkbox"/> 40 USD | <input type="checkbox"/> 175 USD |
| <input type="checkbox"/> 4b | <input type="checkbox"/> Wound and Stoma Care | Half Day (PM) | <input type="checkbox"/> 30 USD | <input type="checkbox"/> 150 USD |
| <input type="checkbox"/> 5a | <input type="checkbox"/> Psychosocial, Spiritual Care and Therapeutic Communication in Palliative Care for Carers, Volunteers and Caregivers <i>(* Session conducted in Bahasa)</i> | Half Day (AM) | <input type="checkbox"/> 20 USD | <input type="checkbox"/> 100 USD |
| <input type="checkbox"/> 5b | <input type="checkbox"/> Psychosocial, Spiritual Care and Therapeutic Communication in Palliative Care for Doctors and Health Practitioners <i>(* Session conducted in Bahasa)</i> | Half Day (PM) | <input type="checkbox"/> 20 USD | <input type="checkbox"/> 150 USD |
| TOTAL | | | USD | |

| NO | SYMPOSIUM | REGISTRATION FEE | | | |
|----------------------------|---|--|---|----------------------------------|----------------------------------|
| | | Early Bird | Apr 1 st - July 1 st , 2019 | Onsite | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> Developed Countries | <input type="checkbox"/> Doctors | <input type="checkbox"/> USD 600 | <input type="checkbox"/> USD 650 | <input type="checkbox"/> USD 700 |
| | | <input type="checkbox"/> Non - Doctors | <input type="checkbox"/> USD 500 | <input type="checkbox"/> USD 550 | <input type="checkbox"/> USD 600 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> Developing Countries | <input type="checkbox"/> Doctors | <input type="checkbox"/> USD 350 | <input type="checkbox"/> USD 400 | <input type="checkbox"/> USD 450 |
| | | <input type="checkbox"/> Non - Doctors | <input type="checkbox"/> USD 200 | <input type="checkbox"/> USD 250 | <input type="checkbox"/> USD 300 |
| TOTAL | | | USD | | |

**Note: All APHN Individual Members are entitled to a 100 USD discount off the above price. Please provide your full name and membership number to enjoy the discount.*

Equivalent currency USD 1 = IDR 15.500

Rate available ONLY to participants residing in countries listed as "Low" and "Lower middle"

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 : BNIADJJA

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 at GPD Indonesia: Phone: +62217254424, +62217229339, +628111332664 | Fax: +6221 - 7396261
 Email : erlin@gpdindonesia.com | aphc2019.secretariat@gmail.com