

Workshop Registration Form

Organisation :

Address :

Contact Person: Tel:

Email: Fax:

Workshop Participants*:

#	Name (pls indicate: Dr/Mr/Mrs/Ms/etc)	Email	Tel	WORKSHOP (Please tick ✓)	
				1	2
1					
2					
3					
4					
5					
6					

*Please let us know if any of the participant(s) is a vegetarian

Workshop	Dates	Fee per pax
1 : Learning Design	12-13 July 2011	Rp. 3.900.000
2 : DIY eLearning Content Development	20-21 July 2011	Rp. 2.900.000

Payment Details

Workshop 1: Fee Rp. 3.900.000 X no. of Participants _____ = Rp. _____

Workshop 2: Fee Rp. 2.900.000 X no. of Participants _____ = Rp. _____

TOTAL FEES = Rp. _____

Payment Mode: Cash Cheque: _____

Bank: **Bank Central Asia (BCA)**

Account name: **Systronic Integratama PT**

Account number: **2533023851**

Cheque in favour of: **Systronic Integratama PT**

(Payment to be made **2 weeks before** commencement of workshop)

Please email or fax completed registration form & proof of payment to us at **+62 21 5857656**
or email at info@systronic-id.com. Confirmation would be subject to receipt of workshop fee.