



DISTRICT CONFERENCE INDONESIA 2017 Registration Form

Personal Details

Title DG DGE DGN PDG PRES PP RTN

- Name (name fields are required)

First

Last

- Badge name

- Rotary District

please use only numbers - e.g. 3420

- Rotary Club

Accompanied by

Title

- Spouse / Partner Name

First

Last

- Badge name

- Rotary Club (if Rotarian)

Contact Information

- Address is required

Street Address

Address Line 2

City

State / Province

ZIP / Postal Code

Country

Main Mobile phone

- Email is required

Enter Email

Confirm Email

Emergency Number



Other details

Are you AKS PHF Member MD PHS Benefactor BQS
 Spouse AKS PHF Member MD PHS Benefactor BQS

Accommodation

NO YES - *If Yes, please fill up the Hotel Registration Form attached*

Special Needs: I/my spouse require(s)

Wheelchair Room for disabled guest

Dietary Needs: I/my spouse require(s)

Vegetarian Normal Food

Traveling Plan

Arrival date : Carrier: Flight Nr: ETA:

Departure Date: Carrier: Flight Nr: ETD:

Remarks

Kindly return the completed Form to the Registration Coordinator

President DARA MUSTIKA

Email dara.mustika2011@gmail.com | districtconference2017@gmail.com

Registration Fee:

Participants of D3410-D3420 (till 31.03.2017)	IDR 1,600,000
Participants of D3410-D3420 (from 01.04.2017)	IDR 1,800,000
Guests	USD 150

Please register now, the venue has a capacity of 700.

Kindly transfer payment to:

BANK CENTRAL ASIA (BCA)

Kcp Teuku Umar – Denpasar, Bali

Account No. **7680430530**

Account Name **SISCA SUHENDRA**

SWIFT Code: **CENAIJJA**

Kindly notify and forward your transfer slip to PP Sisca Suhendra

Email: districtconference2017@gmail.com