



Please type or write in block letters

(A) DELEGATE

Dr. Mr. Mrs. Ms. Other, please specify _____

First Name _____ Last Name _____

Company _____

Position _____

Address _____

City _____ Postcode _____ Country _____

Telephone _____ Fax _____ E-mail _____

(Country Code/Area Code/Number)

(Country Code/Area Code/Number)

ACCOMPANYING PERSON

Dr. Mr. Mrs. Ms.

First Name _____ Last Name _____

FLIGHT SCHEDULE (Please contact IABC for airport transfers rate)

Arrival date (dd/mm/yyyy) _____ Time _____ Flight No. _____

Departure date (dd/mm/yyyy) _____ Time _____ Flight No. _____

(B) REGISTRATION FEES

Delegate	Full Fee	Early Bird Registration 5% Discount (until 30 SEPTEMBER 2019)	TOTAL
IABC/AIBC/ABA Members	IDR 6,000,000	IDR 5,700,000	IDR _____
IBC Members	IDR 7,300,000	IDR 6,935,000	IDR _____
Non-Members	IDR 8,600,000	IDR 8,170,000	IDR _____
Accompanying Person	IDR 2,600,000	IDR 2,600,000 (no early bird discount)	IDR _____
TOTAL *			IDR _____

(C) ACCOMMODATION (Pullman Bali Legian Beach - not included in the registration fees)

Room Category	No. of Rooms		IDR	Check In Date	Check Out Date	Bedding Request		Smoking Room	
	Single/Double occupancy					Single King	Twin Bed	YES	NO
Deluxe Room			1,600,000.00						
Grand Deluxe Room			1,900,000.00						
Deluxe Ocean View			2,200,000.00						
One Bedroom Suite			2,500,000.00						

Note: The above are nightly rates and are inclusive of 21% Government tax and services and daily buffet breakfast for single or double occupancy. The Organizer will assist in making the room reservation but payment is directly to the hotel. Please provide your credit card details below to guarantee your room reservation. Cancellation less than 72 hours before arrival date will incur one night room charge by the hotel.

Card type Visa MasterCard Expiry Date _____ / _____ (mm/yy)

Cardholder's Name _____ Card Number _____

(D) PAYMENT OF REGISTRATION FEE

REGISTRATION FEES: IDR _____ (*)

Bank Transfer

(Payment by bank transfer must be received NET of all charges.)

Please copy us the bank transfer payment to Fax: +6221 5211541 or E-mail: accounts@iabc.or.id

Indonesia Australia Business Council (please write the account name in full without abbreviation)

Bank Commonwealth, Wisma Metropolitan II, Jl. Jenderal Sudirman Kav. 31, Jakarta 12920, Indonesia.

IDR a/c: 880 170 3300 SWIFT Code: BICNIDJA

Credit Card

(Please note that an additional 5% will be added to the total amount if paying by credit card)

I intend to pay by credit card and hereby authorize IABC / PACTO CONVEX Ltd. to charge the above amount by:

Visa MasterCard Expiry Date _____

Cardholder's Name _____ Card Number _____

3 - 5 November 2019
Pullman Bali Legian Beach, Kuta - Bali
INDONESIA

Organized By
Indonesia Australia
Business Council

Please send this form to :
Indonesia Australia
Business Council (IABC)
World Trade Center I.
16th floor
Jl. Jenderal Sudirman
Kav 29 - 31
Jakarta 12920
Phone : (62-21) 521-1540
Fax : (62-21) 521-1541
E-mail: conference@iabc.or.id

Note :
Should you pay by telegraphic transfer. The Organizer must receive in **NET AMOUNT**. All charges should be borne by participants. Please copy us the bank transaction if you pay by telegraphic transfer to fax :
(62-21) 521 - 1541

Payment by credit card is normally charged based in local currency (Indonesian Rupiah)

The committee takes no responsibility for subsequent charges by the credit card vendor after your departure, when your statement is converted into local currency.

I hereby declare that all information provided is correct and I authorize the IABC, Pacto and Pullman Bali Legian Beach to charge my credit card if I so choose to pay by credit card.

Signature :