

Registration Form

Given Name: _____

Family Name: _____

Title: _____ Male / Female

University/Institution: _____

Full Address: _____

Telp.: _____ Fax.: _____
(include country code)

Email: _____

Category (Please tick in the appropriate box):

- ◆ Paper presenter (Registration fee: US\$200)
- ◆ Participant (including co-author attending the conference):
 - ◆ Student*
 - ◆ Indonesia (Registration fee: Rp500.000)
 - ◆ Other countries (Registration fee: US\$100)
 - ◆ Academician
 - ◆ Indonesia (Registration fee: Rp700.000)
 - ◆ Other countries (Registration fee: US\$200)

The payment of registration fee can be done by bank transfer to:**

BNI UGM Bulaksumur

Bank account no.: 0039235019

Account name: UIN Sunan Kalijaga

* Please provide official supporting documents during the registration.

** Send the registration form and scanned copy of the payment evidence to
qoyum13@gmail.com.