

Registration Form



You are encouraged to register online at www.indonesia-rendezvous.com
Alternatively, you may complete all the particulars on this form and send or fax it to:

23rd Indonesia Rendezvous Secretariat

c/o Asosiasi Asuransi Umum Indonesia
(The General Insurance Association of Indonesia)
Permata Kuningan Building 2nd Floor
Jl. Kuningan Mulia Kav. 9C, Guntur, Jakarta 12960
Phone : +6221 29069800 (hunting)
Fax : +6221 29069828 / 29
Email : indonesia_rendezvous@aui.or.id

scan me for details event



DELEGATE Mr Mrs Ms Others

Full Name

Name to appear on conference Badge.....

Company

Office Address

CityCountryPostal Code.....

Phone :Fax:.....E-mail Address
(must be filled in if you want to receive e-mail confirmation)

I will require a Letter of Invitation from the Organiser for visa application purpose

SPOUSE/DEPENDENT Mrs Mr Ms Others.....

Full Name

Name appear on conference Badge

INDUSTRY SEGMENT

Insurer Reinsurer Insurance Broker Reinsurance Broker Insured Risk Manager
 Regulator Auditor Actuary Rating Agency Consultant Other.....

GOLF TOURNAMENT

Delegate Handicap : Spouse Handicap :

CATERING ARRANGEMENTS

I would like to have vegetarian meals during the Conference

I confirm my attendance at : Welcome Cocktail & Gala Dinner on Oct. 11th Lunch on Oct. 12th Lunch on Oct. 13th

All meals served at the Conference will be prepared without pork and lard.

PAYMENT SUMMARY

Conference Fee per delegate : Early Bird (until August 31st) Regular (after August 31st)

Domestic/KIMS Holder Rp. 6.500.000 Rp. 8.000.000

Overseas US\$ 700 US\$ 800

Spouse Fee per Delegate :

Domestic/KIMS Holder Rp. 2.250.000 Rp. 2.750.000

Overseas US\$ 250 US\$ 300

Golf Tournament Fee per Delegate : Domestic/KIMS Holder Rp. 2.250.000.00 Overseas US\$ 250

Total Amount Payable : Rp./US\$

Please select mode of Payment :

By telegraphic transfer (*Transfer fee must be paid by participants*)

Beneficiary : ASOSIASI ASURANSI UMUM INDONESIA

Bank Name : BANK BNI - Senayan Branch

US\$ Account : 2019301753 SWIFT No. BNINIDJASNY

Rupiah Account : 201930175

Credit Card (*credit card will be debited by General Insurance Association of Indonesia, charges will be reflected in Rupiah currency. Exchange rate at due date transaction*)

Visa Mastercard

Card Number :

Card Holder Signature :

Card Holder Name :

Expiry Date : (mm/yy)