

# 57<sup>th</sup> Annual World Congress of International College of Angiology 2015 in conjunction with 7<sup>th</sup> National Symposium on Vascular Medicine

## RESERVATION FORM

*Please complete and return this form to :*  
**Haryono Tours & Travel**  
 Jl. Kebon Sirih Raya 9K, Jakarta 10340 – INDONESIA  
 Phone : +62-21-3920808 (hunting)  
 Fax : +62-21-3140891  
 E-mail : [mice-jakarta@haryonotours.com](mailto:mice-jakarta@haryonotours.com)  
 Contact : Aran/Stefania

Receipt Date :	Reservation No :
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*For official use only*

PLEASE WRITE IN BLOCK CAPITAL LETTERS AND TICK  WHERE APPLICABLE. USE SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

### PARTICIPANT

Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		
First Name:	Middle Name:	Last Name:
Occupation : <input type="checkbox"/> Cardiologist <input type="checkbox"/> General Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Others <input type="checkbox"/> Cardiovascular Surgery <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Radiologist <input type="checkbox"/> Other Specialist _____ (please indicate specialty) <input type="checkbox"/> Resident / Fellow		
Institution :		
Mailing Address :		
City :	Post Code :	Country :
Phone :	Fax :	E-mail :
Sponsor :	Contact Person :	Phone :

### HOTEL RESERVATION

HOTEL	CHECK IN	CHECK OUT	RATE	ROOM TYPE	ROOM UNIT	TOTAL
Ritz Carlton Jakarta			USD 175.00	Grand Room (includes daily breakfast for 2 persons and is INCLUSIVE of all applicable taxes)		USD
					<b>TOTAL AMOUNT</b>	USD

### TYPE OF PAYMENT

<input type="checkbox"/> <b>PayPal account:</b> Haryono Tours will invoice for total hotel accommodations. Payment will be made through PayPal utilizing the credit card of your choice. An additional 5% merchant service fee will be added to the total amount due.
<input type="checkbox"/> <b>Bank Transfer</b> (copy enclosed) on date of _____ with amount of USD _____ to : <b>Bank Internasional Indonesia (BII)</b> Jl. Pemuda 60-70, Surabaya, Indonesia Beneficiary: PT HARYONO DIAN PERTIWI Acc no: 2002014550 Please state <b>"FULL AMOUNT"</b> , any bank charges incurred will be billed to the participant on site

**Unpaid reservations will not be guaranteed.**

#### CANCELLATION AND REFUND POLICY

100% cancellation fee (as per reservation) will apply for cancellation and No Show.

Date : \_\_\_\_\_ Participant's Signature : \_\_\_\_\_