

REGISTRATION FORM

20th Congress of Asian Society for Vascular Surgery (ASVS XX)
in conjunction with the 14th Asian Venous Forum and The 10th Indonesian Vascular Conference (Inavasc X)

PARTICIPANT (Kindly Completed)

Title : Prof Dr dr Specialist Other
 Full Name :
 Organization/Institution :
 Mailing Address :
 Country :
 Zip Code :
 Mobile Phone :
 Email :
 Sponsor : Name:
 Mobile Phone :

Please Mark (√) on Workshop / Symposium you choose

WORKSHOP (all workshop participants must be registered on symposium)

NO	WORKSHOP	DATE	REGISTRATION FEE
<input type="checkbox"/> 1	Venous Workshop	October 22 nd - 23 rd , 2019	USD 100
<input type="checkbox"/> 2	Aortic Workshop	October 22 nd - 23 rd , 2019	USD 100
<input type="checkbox"/> 3	PAD Workshop	October 22 nd - 23 rd , 2019	USD 100
<input type="checkbox"/> 4	Vascular Access Workshop	October 22 nd - 23 rd , 2019	USD 100
<input type="checkbox"/> 5	Wound Care Workshop	October 22 nd - 23 rd , 2019	USD 100
TOTAL WORKSHOP FEE			USD

SYMPOSIUM

NO	PARTICIPANT	REGISTRATION FEE		
		< May 31 th	< October 22 nd	Onsite
<input type="checkbox"/> 1	Physicians and Health Care Professional	USD 550	USD 600	USD 700
<input type="checkbox"/> 2	Resident / Trainee	USD 350	USD 400	USD 450
<input type="checkbox"/> 3	Nurse	USD 300	USD 325	USD 350
TOTAL REGISTRATION FEE			USD	

NO	PARTICIPANT	DATE	REGISTRATION FEE
<input type="checkbox"/> 1	Gala Dinner	October 25 th , 2019	USD 50

* Cancellation of Registration and Refund

- Cancellation is submitted in writing and will be followed up after the congress is completed
- Written cancellation received before: September 22nd, 2019, no refund will be processed thereafter.
- Refund will be made 1 (one) month after the event is finished

PAYMENT BY

Bank Name : Bank Mandiri, RSCM Branch
 Acc. No : 122 00 0975885 8
 Acc. Name : Perhimpunan Spesialis Bedah Vaskular Indonesia ASVS 2019
 Swift Code : BMRIDJJA

SIGNATURE

THIS FORM TOGETHER WITH THE REQUISITEMENT PAYMENT AND/OR DOCUMENTATION SHOULD BE EMAILED/FAXED TO:
 The Congress Secretariat at ASVS: Phone: +62217254424, +62217229339, +628111332664, +628111662664 | Fax: +62217396261
 Email : erlin@gpdindonesia.com | asvs2019@gmail.com