

REGISTRATION FORM



PLEASE FILL IN FORM WITH CAPITAL BLOCK
NAME with title

INSTITUTION

ADDRESS

CITY

STATE

ZIP

COUNTRY

PHONE

FAX

EMAIL

SPONSOR
COMPANY:

NAME:

PHONE:

SYMPOSIUM (26th-27th July 2019)

PARTICIPANTS	Up to 17 May 2019	18 May-23 June 2019	24 June 2019 - onsite
<input type="checkbox"/> Specialist	Rp. 1.500.000	Rp. 1.700.000	Rp. 1.800.000
<input type="checkbox"/> GP/ Resident/ Nurse	Rp. 900.000	Rp. 1.000.000	Rp. 1.100.000
<input type="checkbox"/> Student	Rp. 750.000	Rp. 900.000	Rp. 900.000

WORKSHOP (24th- 25th July 2019)

PARTICIPANTS	Up to 17 May 2019	18 May-23 June 2019	24 June 2019 - onsite
<input type="checkbox"/> Good Clinical Practice (GCP)	Rp. 1.900.000	Rp. 2.100.000	Rp. 2.300.000

WORKSHOP (25th July 2019)

PARTICIPANTS	Up to 17 May 2019	18 May-23 June 2019	24 June 2019 - onsite
<input type="checkbox"/> NIV & Advanced Oxygen Therapy	Rp. 1.700.000	Rp. 1.900.000	Rp. 2.000.000
<input type="checkbox"/> Mechanical Ventilation	Rp. 1.700.000	Rp. 1.900.000	Rp. 2.000.000
<input type="checkbox"/> Management Disaster	Rp. 1.700.000	Rp. 1.900.000	Rp. 2.000.000
<input type="checkbox"/> Pleural Emergency in Disaster	Rp. 1.700.000	Rp. 1.900.000	Rp. 2.000.000
<input type="checkbox"/> Nutrition Aspect in Chronic Lung Diseases	Rp. 1.700.000	Rp. 1.900.000	Rp. 2.000.000

PAYMENT METHODS

- Transfer Via Following Account :
BRI KK RS Sulianti Saroso Sunter
No. Acc. : 1205.01.000014.30.9
C/O. : RESPINA

Please Send Via Email This Form to Secretariat Respina

Email : info.respina.indonesia@gmail.com /
info.respina@yahoo.com

For Confirmation Please Call : 0813 8200 8877,
0857 1933 5220 / 021 - 2961 4273