**ASEA-UNINET Joint Program for Inbound Staff Mobility 2019**

**Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Personal Information** | | | | | | | | | | | | |
| Last Name: | | | | | | | First Name: | | | | | |
|
| Date of Birth: □ Male  □ Female | | | | | | | Passport Number: | | | | | |
|
| Institution / University: | | | | | | | Country of Citizenship: | | | | | |
|
| Please describe your motivation to join this program: | | | | | | | | | | | | |
| **Current Mailing Address** | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | |
|
| City: | | | | | | | | State: | | Zip/Postal Code: | | |
| Country: | | | | | | Email: | | | | | | |
|
| Mobile Phone: | | | | | | Telephone (Home) [Including area/country code]: | | | | | | |
| **Emergency Contact Information** | | | | | | | | | | | | |
| Last Name: | | | | | | First Name: | | | | | | |
|
| Street: | | | | | | | | | | | | |
|
| City: | | | | | | | | State: | | Zip/Postal Code: | | |
|
| Country: | | | | | | Phone [including area/country code]: | | | | | | |
|
| Email: | | | | | | | | | | | | |
| **Professional Information** | | | | | | | | | | | | |
| Title: □ Prof.Dr. □ Doctor □ Mr □ Mrs □ Ms | | | | | | | | | | | | |
| Designation/Responsibility: | | | | | | | | | | | | |
|
| **International Travel Plan (You can fill further details later)** | | | | | | | | | | | | |
| Date of Arrival: dd/ mm/ yy l Flight Number: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Additional Information** | | | | | | | | | | | | |
| Food which you are allergic: | | | | | | | | | | | | |
| Restricted Food: | | | | | | | | | | | | |
| Phobia: | | | | | | | | | | | | |
| the chosen Hotel in Surabaya:  Check in date:  Check out date:  the chosen Hotel in Bali:  Check in date:  Check out date: | | | | | | | | | | | | |
| Domestic flight from Surabaya to Bali  Airline:  Flight number:  **Note**: All participants are expected to arrive in Surabaya on September 9, 2019, and depart from Bali on September 16, 2019, or onwards. | | | | | | | | | | | | |
| **Agreement** | | |  | | |  | | |  | |  |  |
| I have read the program description and agree to follow all agenda as written in the ASEA-UNINET Joint Program for Inbound Staff Mobility 2019.  I certify that all information I have provided in this form is correct and accurate to the best of my knowledge. | | | | | | | | | | | | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | | | |
|
|  |  |  | |  |  | Date : | | |  | |  |  |

Please send this registration form with:

* Scanned passport
* Nomination letter from your university

***Please complete the registration before July 15, 2019***

***CONTACT PERSON:***

**Ms. Yani ITS International Office**

**Rectorate Building 1st Floor**

**Campus ITS Sukolilo Surabaya 60111, Indonesia**

**Telp/Fax : +62-31-5923411**

**Email:** [**int\_off@its.ac.id**](mailto:int_off@its.ac.id)