

ASEA-UNINET Joint Program for Inbound Staff Mobility 2019 Registration Form

Personal Information	
Last Name:	First Name:
Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Passport Number:
Institution / University:	Country of Citizenship:
Please describe your motivation to join this program:	



Joint Program for Inbound Staff Mobility

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: <input type="checkbox"/> Prof.Dr. <input type="checkbox"/> Doctor <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			
Designation/Responsibility:			
International Travel Plan (You can fill further details later)			
Date of Arrival: dd/ mm/ yy Flight Number:			
Additional Information			
Food which you are allergic:			



Joint Program for Inbound Staff Mobility

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.	
_____	Date :

Please send this registration form with:

- Scanned passport
- Nomination letter from your university

Please complete the registration before July 15, 2019

CONTACT PERSON:

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