

## REGISTRATION FORM

### I. COMPANY/INSTITUTION INFORMATION

COMPANY/INSTITUTION NAME		
CONTACT PERSON Mr/Mrs.		POSITION
ADDRESS		
CITY/TOWN	POSTAL/ ZIP CODE	COUNTRY
MAILING ADDRESS (if different)		
TEL		FAX
EMAIL		WEBSITE
Booth/Stand Number:		
PURPOSE OF EXHIBITION <input type="checkbox"/> Book Selling/Promotion <input type="checkbox"/> Copyrights Trading <input type="checkbox"/> Others, please specify Please encircle your choice		
TYPE OF BUSINESS <input type="checkbox"/> Publisher <input type="checkbox"/> Literary Agent <input type="checkbox"/> Library/University <input type="checkbox"/> Association <input type="checkbox"/> Printer <input type="checkbox"/> Government Representatives <input type="checkbox"/> Multimedia <input type="checkbox"/> Others, please specify: Please encircle your choice		
SPECIALITIES <input type="checkbox"/> Literature/Fiction <input type="checkbox"/> Humanity <input type="checkbox"/> Children Books <input type="checkbox"/> Language <input type="checkbox"/> Religion/Spirituality <input type="checkbox"/> Art <input type="checkbox"/> Map/Travel <input type="checkbox"/> Education/Textbooks <input type="checkbox"/> Magazines/Periodicals <input type="checkbox"/> Reference Books <input type="checkbox"/> Social Science <input type="checkbox"/> Science, Technology and Medicine <input type="checkbox"/> Others, please specify: Please encircle your choice		
<b>II. COMPANY/INSTITUTION PROFILE (max. 100 words)</b>  		
<b>III. PAYMENT</b> The payment must be transferred to <b>Ikatan Penerbit Indonesia (IKAPI)</b> <b>Bank CIMB Niaga, Jakarta</b> <b>Account Number: 800012297540</b> <b>Swift Code: BNIAIDJA</b>  Please fax /e-mail the transfer slip to +62-21-3146050 or iibf@ikapi.org <b>**Note: All bank transfer charges are the responsibility of applicant</b>   Name _____ Signature _____ Please complete this form and return it by email		