Please complete and return this form to[**sekjen@pbsi.or.id**](mailto:sekjen@pbsi.or.id)or fax at +62 21 8445079not later than **6 April 2017**.

|  |  |
| --- | --- |
| Name of Member Association : | |
| Contact Person : | |
| Fax Number : | Mobile Number : |
| Email : | Date : |

**Please complete ALL categories. Otherwise we are not able to issue the invitation letter.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Mr/Ms | SURNAME | First Name | Passport No. | Expiry Date | Place and Date of Birth | Nationality | Occupation/ Position |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |

(additional details can be submitted in other sheet of paper)