



# 53rd Annual World Congress – ICA 2011

## International College of Angiology

September 18 – 20, 2011 • Grand Hyatt Nusa Dua Bali

### RESERVATION FORM

Receipt Date :	Reservation No :
----------------	------------------

Please complete and return this form to :

#### Haryono Tours & Travel

Jl. Kebon Sirih Raya 9K, Jakarta 10340 – INDONESIA

Phone : +62-21-2305872 (Direct)

+62-21-3921111 (hunting)

Fax : +62-21-3140891/2305873

E-mail : [mice-jakarta@haryonotours.com](mailto:mice-jakarta@haryonotours.com)

Contact : Stefania/Antonius

Website : [www.16thacc.org](http://www.16thacc.org)

For official use only

PLEASE WRITE IN BLOCK CAPITAL LETTERS AND TICK  WHERE APPLICABLE. USE SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

#### PARTICIPANT

Title : <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		
First Name:	Middle Name:	Last Name:
Occupation : <input type="checkbox"/> Cardiologist <input type="checkbox"/> General Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Others <input type="checkbox"/> Other Specialist _____ (please indicate specialty) <input type="checkbox"/> Resident / Fellow		
Institution :		
Mailing Address :		
City :	Post Code :	Country :
Phone :	Fax :	E-mail :
Sponsor :	Contact Person :	Phone :

#### HOTEL RESERVATION

HOTEL	CHECK IN	CHECK OUT	RATE	ROOM TYPE	ROOM UNIT	TOTAL
Grand Hyatt Bali			US \$ 215	Grand Room Garden		US \$
			US\$ 250	Grand Room Ocean		
			US\$ 275	Club Garden		
			US\$ 295	Club Deluxe Garden		
			US\$ 315	Club Deluxe Ocean		
			US\$ 690	Grand Suite		
The Ayodya ex Bali Hilton			US \$ 160	Deluxe Garden View		US \$
Novotel Nusa Dua			US \$ 140	Deluxe		US \$
			US\$ 175	One bedroom apartment		
Inna Putri Bali			US \$ 85	Superior		US \$
			US \$ 95	Deluxe		US \$
					<b>TOTAL AMOUNT</b>	US \$

#### TYPE OF PAYMENT

By Bank Transfer (copy enclosed) on date \_\_\_\_\_ amount of US\$ \_\_\_\_\_ to :

US Dollar Account  
Bank Mandiri KK Harapan Kita  
Account name: Dr. Ismoyo Sunu, SpJP - ANVIN  
Account no: 117-0005904651  
SWIFT Code: BMRIIDJA

Please state "**FULL AMOUNT**", any bank charges incurred will be billed to the participant on site

**One night deposit is required for hotel reservation. Full payment for reservation should be paid before July 31<sup>st</sup>, 2011. Unpaid reservations will not be guaranteed.**

#### CANCELLATION AND REFUND POLICY

Written cancellation notice must be received by **Jul 31<sup>st</sup>, 2011**, one night cancellation fee will apply. 100% cancellation fee (as per reservation) will apply for cancellation made on and after Aug 1, 2011 and No Show.

Date : \_\_\_\_\_ Participant's Signature : \_\_\_\_\_