

Registration Form

Application for Virtual CommTECH Nusantara 2024: Wonderful Indonesia Cuisine 28 Oct – 8 Nov 2024		
Personal Information		
Full name:		
Place and Date of Birth:	Passport Number:	
Institution / University:	Country of Citizenship:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Please describe your motivation to join this program! (Please use additional paper if needed)		
Current Mailing Address		
Street:		
City:	State:	Zip/Postal Code:
Country:	Email:	
Mobile Phone [Including area/country code]:	Telephone (Home) [Including area/country code]:	

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Academic Information (only if you are a student)		
Degree: <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral		
Major:		
Current Academic Status:		
<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year		
Institution Information (only if you are a lecturer /staff)		
Current Position:		
Unit / Department / Faculty :		
Costs		
Course Fee	<input type="checkbox"/> USD 50 <input type="checkbox"/> Free (for ITS partner university) *Please check at your university whether your university have partnership (agreement-based or consortium-based) with ITS	
Payment		
Please be sure to check the authorization box below:		
<input type="checkbox"/> Wire transfer to: Account Number : 1400018161787 Account Name : PT ITS Tekno Sains Bank Name : PT Bank Mandiri Bank address : Kampus ITS Gedung Riset Center Lt. 2, Sukolilo, Keputih, Surabaya, Indonesia 60111 Swift Box : BMRIIDJA		
<input type="checkbox"/> Transfer through Western Union to: Name: Cahyani Satiya Pratiwi Address: Jl Kebonsari IV/22 A, Kecamatan: Jambangan, RT/RW. 02/02. City: Surabaya Postal Code: Country: INDONESIA		
Academic/Professional Reference		
Please provide the name and contact information of your reference.		
Last Name:		First Name:
Street:		
City:	State:	Zip/Postal Code:

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Phone: (including area/country code)	Email:
Occupation:	School/Faculty:
Agreement	
I have read the program descriptions, including the application policies and procedures, and I feel that I would benefit from CommTECH program. I certify that all information I have provided in this form is correct and accurate to the best of my knowledge.	
<hr/>	(If applicant is under 18 years old of age, parental approval is required.) Date:

If you want to join this program, please send this registration form with:

- Scanned passport/ID citizen.
- Scanned students/staffs/lecturers I.D or statement letter that you are staff or lecturers from your university.
- Formal photo with plain background (without glasses)
- We will send you the payment invoice after you send your application to our email

Deadline: 29 Sept 2024

CONTACT PERSON:

Mr. Muh. Wahyu Islami PM, ST, M.Hub.Int.

ITS Global Engagement

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