

Participant Registration Form

JIBB 2016 Secretariat Office

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Danurejan, Kota Yogyakarta, Daerah Istimewa Yogyakarta 55213
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Full Name

Place & Birthdate

Nationality

Identity Number

*(Identity Card/KITAS/PASSPORT)**

Address for Correspondence

Phone/Mobile

Email

Health Condition; Excellent or Need Medical Attention (Please state your condition below)

*)Must be the same with the scanned copy of identity that will be sent together with other documents and for **the international participant**, please fill your passport number and send to us your copy of passport

Documents Preparation Checklist Table

No	Documents to be sent	Checklist
1	Participant Registration Form	
2	Scanned Copy of Identity (ID/KITAS/PASSPORT)	
3	Program Option Form	
4	Bank Transfer Receipt	

Please email the documents to info.jibb2016@gmail.com with the subject "Participant of JIBB 2016 Full Name of the participant" (Example: Participant of JIBB 2016 Christian Herdiansyah)