**Registration Form**

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| --- | --- | --- |
| **Name** |  | |
| **Title** |  | |
| **Affiliation** |  | |
| **Mailing address** |  | |
| **E-mail** |  | |
| **Tel** |  | |
| **Standard or student participant? (**√**)** | **Standard** | **Student** |
|  |  |
| **Early-bird or regular registration? (**√**)** | **Early bird**  **(Payment By May 15 2020)** | **Regular**  **(Payment From May 16 2020)** |
|  |  |
| **Fee paid (**√**)** | **IDR** | **USD** |
|  |  |
| **Free 2020 ASIALEX membership? (**√**)** | **YES, include me for 2020 ASIALEX membership** | **NO, I do not wish to become an ASIALEX member** |
|  |  |

Please email this form as attachment to asialex2020@kemdikbud.go.id **before May 16 2020**.