**Registration Form**

|  |  |
| --- | --- |
| **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**.