



# International Ocean Science, Technology and Policy Symposium and Exhibition

A side event of the World Ocean Conference

May 12 – 14, 2009 - Manado, North Sulawesi - Indonesia

## Registration Form for Participants

Please complete and return by e-mail, regular mail or fax. Please note that this is how you will be indicated on the list of participants.

### 1. PARTICIPANT INFORMATION

Mr.  Ms.  Mrs.  Prof.  Dr.  other:

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Designation: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(please include country code and area code for telephone and fax)

E-mail: \_\_\_\_\_

### 2. REGISTRATION FEES

Registration fee includes access to all sessions, a symposium kit, break, certificate, proceeding and access to the exhibition.

Early Bird (until November 30, 2008) US \$150

Regular Rate (after November 30, 2008) US \$200

Students (photo ID is required) US \$50

### 3. METHOD OF PAYMENT

Registration forms must be accompanied by full payment in order to be processed

Certified Cheque or Money Order (make payable to International Ocean Science, Technology and Policy Symposium)

VISA  Mastercard  City Bank

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

By Bank Transfer: by remitting the amount to the **BNI Bank, Account number: 0152118157,**

Swift Code: **BNINIDJAMDO**

Address: **Jl. M. T. Haryono No. 1 Manado**

\*\* Please state "International Ocean Science, Technology and Policy Symposium" and the full name of the participant.

**Important Deadline: Registration and payment are required no later than one week before the conference.** Incorrect credit card numbers and declined credit cards are considered non payments and registration will not be processed.

*I acknowledge that the full payment will be processed immediately and I have read the cancellation policy for this event.*

Signature of participant: \_\_\_\_\_

### 4. SESSION PREFERENCES

Please indicate your top five choices for sessions (please see web site for a list of topics)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

### 5. CANCELLATION / SUBSTITUTION

**Cancellation of registration should be sent in writing by email to [symposium@woc2009.org](mailto:symposium@woc2009.org) or by fax to +62 431 861 394.** Cancellations will be accepted until April 12, 2009 for a full refund. A 50% cancellation fee will apply for cancellations received between April 13, 2009 and April 26, 2009. No refund for cancellations received after April 26, 2009 and no refund for no-shows at the event. Substitutions are accepted at any time.

### 6. ACCOMMODATION

Please make your reservations directly with the hotel of your choice in Manado, North Sulawesi. Please visit our web site for suggested hotels and contact information.

### 7. INFORMATION / MAILING ADDRESS SYMPOSIUM SECRETARIAT

BAPPEDA Office Prov. North Sulawesi, 2nd floor  
Jl. 17 Agustus No. 73, Manado 95119

Telephone: +62 431 861 152 Fax: +62 431 861 394

Email: [register@woc2009.org](mailto:register@woc2009.org)

Bank Account No. 0152118157 (Bank BNI)

**Visit the symposium web site  
[www.woc2009.org/symp\\_home.php](http://www.woc2009.org/symp_home.php)**