|  |
| --- |
| **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: |
|
| □ Male | □ 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]: |
| **Academic Information (only if you are a student)** |
| Degree: □ Diploma □ Bachelor □ Master □ Doctoral |
| Major: |
|
| Current Academic Status: |
| □ First Year □ Second Year □Third Year □ Fourth Year |
| **Institution Information (only if you are a lecturer /staff)** |
| Current Position: |
| Unit / Department / Faculty : |
| **Costs** |
| Course Fee | **□ USD 50****□ 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: |  |  |  |  |   |
|   | □ **Wire transfer to**: |  |  |  |  |  |   |
|   |  |  |  |  |   |
|  | Account Number : 1400018161787Account Name : PT ITS Tekno SainsBank Name : PT Bank MandiriBank address : Kampus ITS Gedung Riset Center Lt. 2, Sukolilo, Keputih, Surabaya, Indonesia 60111Swift Box : BMRIIDJA |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|   | □**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: |
| 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. |
|
|
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (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***

***Institut Teknologi Sepuluh Nopember (ITS)***

***ITS Global Kampong***

***Campus ITS Sukolilo Surabaya 60111, Indonesia***

***Telp/Fax : +62-31-5923411***

***Email*:** **commtech@its.ac.id** **/ commtechits.surabaya@gmail.com**