

Indonesia – Africa Infrastructure Dialogue 2019

PARTICIPANT REGISTRATION FORM

4x6 Photo

Personal Information	
Country/Organization Representation	:
Title <i>(please choose one)</i>	: <input type="checkbox"/> H.E. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Surname/Last Name	:
First Name	:
Preferred Name on Badge <i>(max 25 characters, you can include your title e.g.: H.E.)</i>	:
Gender <i>(please choose one)</i>	: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	:
Invited as <i>(please choose one)</i>	: <input type="checkbox"/> Head of Delegation <input type="checkbox"/> Member of Delegation <input type="checkbox"/> Other:
Affiliation <i>(please choose one)</i>	: <input type="checkbox"/> Government <input type="checkbox"/> Business

Institution/Company	:	
Position	:	
Line of Business	:	
Office Address	:	

Contact Details		
E-mail (<i>this e-mail will address will receive confirmation e-mail</i>)	:	
Telephone (<i>Country Code-Phone Number</i>)	:	
Fax (<i>Country Code-Fax Number</i>)	:	

Passport <i>*Please attach copy of the passport and diplomatic note / embassy invitation</i>		
Passport No.	:	
Date of Issuance	:	
Date of Expiry	:	

Itinerary		
Arrival in Indonesia		
Flight No	:	
Date	:	
Time (<i>ETA as of ticket / 24 Hours Format, HH:MM e.g. 13:30</i>)	:	

Departure from Indonesia		
Flight No	:	
Date	:	
Time (ETD as of ticket / 24 Hours Format, HH:MM e.g. 13:30)	:	

Dietary Restriction (Minister Only)
<p>Special Dietary Requirement <i>*If applicable, please select your strict dietary requirement by ticking the square</i></p> <p> <input type="checkbox"/> No Red Meat <input type="checkbox"/> No Chicken <input type="checkbox"/> No Fish <input type="checkbox"/> No Egg <input type="checkbox"/> No Pork <input type="checkbox"/> No Dairy Products <input type="checkbox"/> I am Vegetarian but I eat fish <input type="checkbox"/> Other Special Dietary Requirement Other (specify): </p>
<p>Strict Dietary Requirement <i>*If applicable, please select your strict dietary requirement by ticking the square</i></p> <p> <input type="checkbox"/> Vegan (I eat only plant food and plant products. I do not eat animal foods, eggs or dairy) <input type="checkbox"/> Kosher (I require a special meal to be prepared for me from a Kosher kitchen) <input type="checkbox"/> Halal (I require a special meal to be prepared for me from a Halal kitchen) <input type="checkbox"/> Celiac Disease (I am allergic to wheat, rye, oats or barley and any food containing gluten) <input type="checkbox"/> Other Strict Dietary Requirement Other (specify): </p>

Food Allergy****Please select any food allergy you have by ticking the square***

- Peanuts
- Tree Nuts
- Dairy
- All Seafood (including shellfish)
- Other Food Allergy Requirement
Other (specify):

Note: Please complete the form in details