

Date: 3 - 4 Sep 2016| Venue: The KEE Hotel Hotel , Phuket , Thailand

Conference Registration FormAll participants are required to complete this registration form and **return in MS Word format** to Ms.**SECTION 1: CONTACT INFORMATION**

TITLE:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input checked="" type="checkbox"/> Dr	<input type="checkbox"/> Prof.	<input type="checkbox"/> Other, specify:
FIRST NAME:	Imamudin			LAST NAME:	Yuliadi		
ADDRESS:	Jalan Gedongkuning Selatan, Gang Masjid Multazam, Ketandan, Banguntapan, Bantul			MAIN TELEPHONE:	+628164254574		
				WORK TELEPHONE (if different)	+62274 387656		
				HOME TELEPHONE			
TOWN/CITY:	Yogyakarta			MOBILE PHONE:	+628164254574		
POST CODE;				PRIMARY EMAIL:	imamudin2006@yahoo.co.id		
COUNTRY;	Indonesia			SECONDARY EMAIL:	imamudin@umy.ac.id		
FACULTY/DEPARTMENT/SCHOOL:	Economics						
AFFILIATION (NAME OF UNIVERSITY/INSTITUTE):	University of Muhammadiyah Yogyakarta						
BROAD FIELD OF RESEARCH (eg. Banking, Management, etc):	Macroeconomics						
Are you willing to serve as a session chair:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Are you willing to work as a reviewer:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
How did you hear about this conference?	<input type="checkbox"/> Direct Email <input checked="" type="checkbox"/> Websites (Please Specify) : <input type="checkbox"/> Other (Please Specify) :						

SECTION 2: PAPER PRESENTATION

Are you presenting a paper or participating as an observer?	<input checked="" type="checkbox"/> Presenting Paper <input type="checkbox"/> Observer ONLY	If you are presenting a paper, how many are you presenting?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2
Please provide the paper number(s) assigned to you in the acceptance letter(s):		Do you have a preference for paper presentation date? (Please note we may not be able to guarantee such preference)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes- which date: <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Sep
Would you like your paper to be included in the online refereed conference proceedings?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes- Please choose what you would like to upload to the proceedings <input checked="" type="checkbox"/> Abstract <input type="checkbox"/> Full Paper		

SECTION 3: PAYMENT INFORMATION

Please indicate which code and description you are paying for (refer to the fee schedule) and tick the payment option you choose to pay by.

Code:		Description:		Amount: 350 \$	Euro
Paypal <input type="checkbox"/>					
Pay to:					
Transaction ID :					
Western Union <input type="checkbox"/>					
Pay To : Gholamreza Rafieigilvaei					
Please MTCN: 462-980-3200					
Full Name :Imamudin Yuliadi					

Declaration: I agree that I cannot claim back the registration fee I paid under any circumstance.

SIGNED: (or write name here)		DATE:	16 - 8 - 2016
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