**ANNEX A**

**REGISTRATION FORM**

The form shall be completed sent to the Organizing Committee ([wpfsd@dpr.go.id](mailto:wpfsd@dpr.go.id))

Delegation of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **No.** | **Name** *(Mr/Mrs/Ms)* | **Position** | **Email** | **Phone** |
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Tel. / Fax :

Signature