

BOOTH EXHIBITOR REGISTRATION FORM

I. COMPANY/INSTITUTION INFORMATION		
COMPANY/INSTUTION NAME		
CONTACT PERSON Mr./Mrs./Ms.	E-MAIL	
CONTACT PERSON (Marketing) Mr./Mrs./Ms.	E-MAIL	
CONTACT PERSON (Copyrights Buyer) Mr./Mrs./Ms.	E-MAIL	
CONTACT PERSON (Copyrights Seller) Mr./Mrs./Ms.	E-MAIL	
ADDRESS		
CITY/TOWN	POSTAL/ ZIP CODE	COUNTRY
MAILING ADDRESS (if different)		
TELEPHONE	FAX	
E-MAIL	WEBSITE	
PURPOSE OF EXHIBITION <i>(please encircle your choice)</i>	<input type="checkbox"/> Book Selling/Promotion <input type="checkbox"/> Copyrights Trading <input type="checkbox"/> Others, please specify	
TYPE OF BUSINESS <i>(please encircle your choice)</i>	<input type="checkbox"/> Publisher <input type="checkbox"/> Literary Agent <input type="checkbox"/> Library/University <input type="checkbox"/> Association <input type="checkbox"/> Government Representative <input type="checkbox"/> Printer <input type="checkbox"/> Multimedia <input type="checkbox"/> Others, please specify	
SPECIALITIES <i>(please encircle your choice)</i>	<input type="checkbox"/> Literature/Fiction <input type="checkbox"/> Humanity <input type="checkbox"/> Children <input type="checkbox"/> Language <input type="checkbox"/> Art <input type="checkbox"/> Map/Travel <input type="checkbox"/> Education/Textbook <input type="checkbox"/> Social Science <input type="checkbox"/> Religion/Spirituality <input type="checkbox"/> Magazines/Periodicals <input type="checkbox"/> Science/Technology/Medicine <input type="checkbox"/> Others, please specify	
II. COMPANY/INSTITUTION PROFILE (Max. 300 words)		

BOOTH EXHIBITOR REGISTRATION FORM (2)

III. EXHIBITOR BOOTH

BOOTH NUMBER

BOOTH LETTERING NAME

BOOTH SIZE

BOOTH TYPE

*Include
Accommodation
and Airport Transfer*

*Exclude
Accommodation and
Airport Transfer*

SPECIAL DESIGN
• Space only and booth to be built by participant
• MCB (2 ampere, 440 watts) with one outlet

SEMI SPECIAL DESIGN
• Block board wall
• Carpeted floor
• 1 table and 2 chairs
• MCB (2 ampere, 440 watts) with one outlet
• Two tube lamps of 40 watts
• Bookshelf: six bookshelves (five stories each) for 9 sqm booth

Extra cost of US\$35/sqm
Tone Color: _____

STANDARD DESIGN
• White partition
• Carpeted floor
• 1 Table and 2 Chairs
• MCB (2 ampere, 440 watts, with one outlet)
• Two tube lamps of 40 watts
• Bookshelf: six bookshelves @180 cm for 9 sqm booth

IRF BOOTH
• Size 2 x 2 m
• Bookshelf with special design
• 1 table and 4 chairs
• MCB (2 ampere, 440 watts) with one outlet (in IRF area)

BOOTH AREA

BOOTH COST

IV. BILLING INFORMATION

BILLING NAME

CONTACT PERSON

E-MAIL

V. PAYMENT

The payment must be transferred to:
Ikatan Penerbit Indonesia (IKAPI)
Account Number: 800.00.27236.00
Bank CIMB Niaga, Gajah Mada Branch, Jakarta
Swift Code: BNIAIDJA

Please e-mail the transfer slip to iibf@ikapi.org.
Note: All bank transfer charges are the responsibility of applicant.

We, the undersigned exhibiting company, hereby apply and agree to comply by the Terms and Conditions.

Name _____ Signature _____

Date (DD/MM/YY) _____

Please complete this form and return it by e-mail to iibf@ikapi.org.