

Community & Technological (CommTECH) Camp

2020



Registration Form

Application for CommTECH Camp Insight 2020							
(29 Jan – 10 Feb 2020) please choose the sub courses below:							
□ Sub Course B : The Biodiversity of Coasta							
☐ Sub Course A : Sociopreneurship in Action	Ecosystem						
□ Sub Course C : Build Your Own Boat: Build	ling and Operating Unmanned Surface Vehicle						
Personal Information	6						
Last Name:	First Name:						
Date of Birth:	Passport Number:						
Institution / University :	Country of Citizenship:						
□ Male	☐ Female						
Please describe your motivation to join this prog	ram: (please use additional paper if needed)						
NOTE: Please describe your motivation thoroughly as we will select the scholarship grantees based							
on your motivation statement							
Current Mailing Address							
Street:							

					_		
City:					State:		Zip/Postal Code:
Country:						Email:	
Mobile Phone :	_					Telephon	e (Home) [Including code]:
Permanent Address (o	nly if differer	nt from curre	ent mai	ling address)			
Street:	-						
City:					State:		Zip/Postal Code:
Country:					Mobile	Phone:	
					Home F	Phone:	
Emergency Contact Inf	formation						
Last Name:						First Nam	e:
Street:							
City:					State:		Zip/Postal Code:
Country:						Phone [inc	 uding area/country code]:
Email:							
Academic Information	(only if you a	are a student	t)				
Degree : □ Bachelor □	□ Master □ [Doctoral					
Major:							
Current Academic Stat	us:						
☐ First Year ☐ Second Year ☐ Third Year ☐ Fourth Year							
Institution Information (only if you are a lecturer /staff)							
Current Position:							
Unit / Department / Fa	culty:						
Travel Plan (You can fi	II further deta	ails later)					
Date of Arrival :	dd/	mm/	уу	I Flight Num	ıber:		
Date of Departure :	dd/	mm/	уу	l Flight Num	ber:		
Additional Information	n						
Join Rafting	□ Yes		No				
Food which you are all	ergic to:						
Restricted Food:							
Phobia:							
Shirt Size: □ S, □ M, □	□ L, □ XL						
Costs							
Course Fee		USD 1,6	00,-				

	You may choose the category for the payment you apply for: Full Scholarship 50% Scholarship (Paid USD 800) Partial Scholarship (Paid USD 1,000) No Scholarship (USD 1,600)					
Payment						
Please be sure to check the authorization box below:						
☐ Wire transfer to:						
Account Number: 1400018161787 Account Name : PT ITS Tekno Sains Bank Name : PT Bank Mandiri Bank address : Kampus ITS Gedung Riset Center Lt. 2, Sukolilo, Keputih, Surabaya, Indonesia 60111 Swift Box : BMRIIDJA						
□Transfer through Western Union to: Name: Cahyani Satiya Pratiwi Address: JI 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 informatio	n of your refere	ı				
Last Name:		First Nar	ne.			
Street:						
City:	State:	Zip/Postal Code:				
Phone: (including area/country code)		Email:				
Occupation:	cupation: 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.)			

For you want to join this program, please send this registration form with:

- Scanned passport
- One recommendation letter from your university
- Scanned students/staffs/lecturers I.D or statement letter that you are staff or lecturers from your university

Please complete the registration before 10 December 2019

CONTACT PERSON:

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Telp/Fax: +62-31-5923411

 $\textbf{\textit{Email}:} \underline{\textbf{commtech@its.ac.id}} \ / \ \underline{\textbf{internationaloffice.its@gmail.com}}$