



## REGISTRATION FORM ECOM 2016

### HIGH SCHOOL / UNIVERSITY

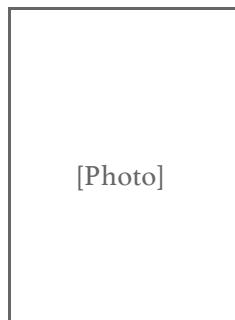
Institution Name : \_\_\_\_\_

Institution Address : \_\_\_\_\_

\_\_\_\_\_

Competition : \_\_\_\_\_

#### Participant 1



ID Number (NIM/NISN) :

Full Name :

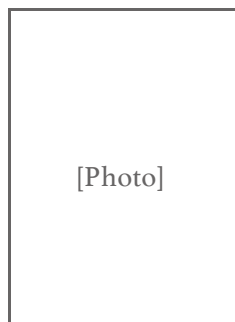
Birthdate :

Address :

Phone Number :

E-mail & LINE :

#### Participant 2



ID Number (NIM/NISN) :

Full Name :

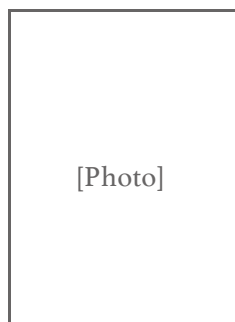
Birthdate :

Address :

Phone Number :

E-mail & LINE :

#### Participant 3



ID Number (NIM/NISN) :

Full Name :

Birthdate :

Address :

Phone Number :

E-mail & LINE :