



ISEP-AAPM-ACOMP  
**IMAGING PHYSICS COURSE 2018**  
Hosted by FMIPA Universitas Indonesia and AFISMI/IAPM

**REGISTRATION FORM**

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***Personal and Affiliation Information***

Full name (as to be written in certificate)

Sex

☐ Male

☐ Female

Pre-nominal academic title (if any)

☐ Dr.

☐ Prof.

☐ Prof. Dr.

☐ Assoc. Prof.

☐ Asst. Prof.

☐ Other

Post-nominal academic title (if any)

☐ B.Sc

☐ M.Sc

☐ M.D.

☐ Ph.D

☐ M.D., Ph.D

☐ Other

Date of birth

E-mail

Institution Name

Institution Address

Institution Type

National regulatory body

Academic

Clinical

Commercial

Research institute

Other

Occupation / position

National regulatory officer

Radiation oncologist

Researcher

General practitioner

Resident

Other

Medical physicist

Technologist

Academia

Student

Registering as

\*) Refer to the website for accommodation info

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### ***Attachments***

Together with this application form, I am also sending these **mandatory** documents:

Proof of registration fee payment

Personal identification\*

\*) Scan/photograph of national ID or passport. For students, use your student ID (mandatory) to verify your status

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### ***ENCLOSURE***

By checking the box below, I declare that I am willing to disclose the above information to the committee for application purposes. I am aware that should the committee discover invalidity/ dishonesty in any of the disclosed information and in any stage of the application process, my application will be disqualified. I am also aware that checking the box below serves as a substitute to my legal signature enclosing this application form

☐ I agree

Signed on (date in MM/DD/YYYY)