



SIM GE-UPH Business Plan Competition 2016

REGISTRATION FORM

Name of Business Plan:		
Name of Team:		
Student Member (1) Details:	T	
Full Name (Team Leader):		
Gender (Male/Female):		
Date of Birth (DD/MM/YYYY):		
Home Address:		
Telephone:		
Email:		
Year of Study or Graduation:		
Name of School & City:		
Student Member (2) Details:		
Full Name:		
Gender (Male/Female):		
Date of Birth (DD/MM/YYYY):		
Home Address:		
Telephone:		
Email:		
Year of Study or Graduation:		
Name of School & City:		

City	Please choose one city only
Surabaya**	
Malang**	
Bali**	

^{*}All details must be completed

^{**}The organizer reserves the right to determine the cities for the preliminary round.