**REGISTRATION FORM**

**DESIGN IDEA COMPETITION**

**DESIGN ON ART & CULTURAL CENTRE**

TEAM NAME :

Nationality :

Architect Association\* :

TEAM LEADER :

MEMBER NUMBER\* :

TELEPHONE\*\* :

EMAIL :

TEAM MEMBER : 1. ..............................................

2. ..............................................

3. ..............................................

4. ..............................................

|  |
| --- |
| .......................2016  ( TEAM LEADER ) |

\*Referring to origin country architect association (must be member of ARCASIA).

\*\*Please write phone number complete with country code, ex. +62 8180xxxxx

|  |
| --- |
| Please send this registration form to [sayembaraJH@jimbaranhijau.com](mailto:sayembaraJH@jimbaranhijau.com) |

Please attach with proof of payment along with this form.