





## COURSE INFORMATION

### S110S: SAP2000 v15 Hands-On Training

**Date:** 3rd & 4th April 2012 (Tue & Wed)

**Time:** 9:30 a.m. - 6:30 p.m.

**Venue:** New Horizons, Level 3A, Unit 2, Block B, East Wing, PJ 8, Petaling Jaya, Selangor D.E., Malaysia.

**Fee:** **Early bird registrations received by 23rd Mar 2012:**

**SUM Subscribers:** RM 848.00 (Incl. 6% Service Tax)

**Non SUM Subscribers:** RM1,017.60 (Incl. 6% Service Tax)

**For registrations received after 23rd Mar 2012:**

**SUM Subscribers:** RM1,060.00 (Incl. 6% Service Tax)

**Non SUM Subscribers:** RM1,272.00 (Incl. 6% Service Tax)



#### Terms and Conditions

- a) Seats are limited. Registration is on a first-come-first-served basis. Training places will be confirmed upon receipt of payment.
- b) All cancellation of registration must be made in writing. If you are unable to attend...
  - i) you will receive 90% refund of the registration fee if cancellation is received in writing more than 14 days before the event.
  - ii) you will receive 75% refund of the registration fee if cancellation is received in writing within 7 - 14 days before the event.
- c) Cancellations will not be accepted within 7 days of the course start date. However, a substitute delegate is welcome at no additional charge.

## REGISTRATION FORM

**Organization:** ..... **Department:** .....

**Address:** .....

**Person in charge (Ir/Dr/Mr/Ms):** ..... **Job Title:** .....

**Email:** ..... **Tel (O):** ..... **(HP):** ..... **Fax:** .....

Participants' Names:	PE No.:	Job Title:	Email:	Tea breaks	
<i>Please write clearly as it will be printed on the Certificate of Attendance</i>				Vegetarian	Halal
(Ir/Dr/Mr/Ms).....	.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
(Ir/Dr/Mr/Ms).....	.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
(Ir/Dr/Mr/Ms).....	.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
(Ir/Dr/Mr/Ms).....	.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
(Ir/Dr/Mr/Ms).....	.....	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby agree to abide by the terms and conditions stated above.



(Signature & Company Stamp)

**Please fax the completed registration form to: 03 7983 2161**

An invoice & confirmation email will be sent to you upon receipt of your fax registration.

For enquiries, please contact us at (Tel) **03 7983 2163** or (Email) **info@ottegroup.com**