

REGISTRATION FORM-MALAYSIA

Fax this completed form to: +603 2026 5232



1a. Training Options

1b. MicroStation Version used _____

Course Title	# of Students	Course Date(s)	Location	Price Each	Subtotal

Grand Total _____

2a. Personal Enrollment Information

Name #1 _____

Job Title _____

E-mail _____

Course Title _____

Name #2 _____

Job Title _____

E-mail _____

Course Title _____

Name #3 _____

Job Title _____

E-mail _____

Course Title _____

Name #4 _____

Job Title _____

E-mail _____

Course Title _____

Fax: **+603 2026 5232**
Phone: **+603 2026 5233**
e-mail: **lisa.saidin@bentley.com**
web: **www.bentley.com/sea**

2b. Order and Billing Information

Company name _____

Training Coordinator _____

Address _____

City _____

Country/Postcode _____

Tel _____

Fax _____

E-mail _____

Billing address if different to above:

Company name _____

Street _____

City _____

Country/Postcode _____

Purchase Order Number _____

(attach copy of signed P.O.)

Signature _____

Title _____ Date _____

Bentley Institute
Bentley Systems (Malaysia) Sdn Bnd
Suite 15.4 A & 15.4 b, 15th Floor, Menara Aik Hua,
50200 Kuala Lumpur, Malaysia

Prices are per person, exclusive VAT. All prices are subject to change without notice. Bentley Institute holds the right to cancel a training class at any time. A training cancellation request received between 14 to 8 days prior to the start date of the training activity will incur an administration fee equal to 50% of the obligated fee. A training cancellation request received within 7 days prior to the start date or after the commencement of the training activity will incur an administration fee equal to 100% of the obligated fee. For complete terms and conditions, call us or [visit our website](http://www.bentley.com/en-US/Training/Terms+and+Conditions).

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REGISTRATION FORM -SINGAPORE

Fax this completed form to: +65 6224 7370



1a. Training Options

1b. MicroStation Version used _____

Course Title	# of Students	Course Date(s)	Location	Price Each	Subtotal

Grand Total _____

2a. Personal Enrollment Information

Name #1 _____

Job Title _____

E-mail _____

Course Title _____

Name #2 _____

Job Title _____

E-mail _____

Course Title _____

Name #3 _____

Job Title _____

E-mail _____

Course Title _____

Name #4 _____

Job Title _____

E-mail _____

Course Title _____

2b. Order and Billing Information

Company name _____

Training Coordinator _____

Address _____

City _____

Country/Postcode _____

Tel _____

Fax _____

E-mail _____

Billing address if different to above:

Company name _____

Street _____

City _____

Country/Postcode _____

Purchase Order Number _____

(attach copy of signed P.O.)

Signature _____

Title _____ Date _____

** For Singapore, service tax of 7% is applicable on the above training costs for all registrations done after June 1, 2008*

Fax: **+65 6224 7370**
Phone: **+65 6225 6158**
e-mail: **siti.farinah@bentley.com**
web: **www.bentley.com/sea**

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Bentley Systems(Singapore)Pte Ltd
10 Anson Road, #10-11
International Plaza
Singapore 079903

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