

CONFERENCE REGISTRATION

Contact Person's Details & Company Information

Name (Dr/Mr/Mrs/Ms) : _____
 Designation : _____
 Address : _____

 Postcode : _____
 Telephone : _____ Mobile : _____
 Facsimile : _____
 Email : _____
 Company Name : _____
 Company Industry : _____
 Company Size : _____

Signature (authorised person/participant)

Company Stamp

Participant's Details (Please fill one form per participant)

Name (Dr/Mr/Mrs/Ms) : _____
 NRIC/Passport No : _____
 Designation : _____
 Address : _____

 Postcode : _____
 Telephone : _____ Mobile : _____
 Facsimile : _____
 Email : _____
 CTFL ID No. (if any) : _____ Country CTFL obtained : _____

I would like to purchase the following ticket(s):

Claimable under HRDF SBL Scheme

Items	Normal Price	Early Bird (By 30th April 2010)	ISTQB Certified	Academia Personnel	MSC Status Company	Students
Conference	<input type="checkbox"/> MYR 2,850 USD 900	<input type="checkbox"/> MYR 2,750 USD 820	<input type="checkbox"/> MYR 2,500 USD 750	<input type="checkbox"/> MYR 2,600 USD 800	<input type="checkbox"/> MYR 2,500 USD 750	<input type="checkbox"/> MYR 1,850 USD 600
Passport						
Workshop (Day 1)	<input type="checkbox"/> MYR 1,650 USD 550	<input type="checkbox"/> MYR 1,400 USD 500	<input type="checkbox"/> MYR 1,450 USD 450			
Tutorial (Day 2)	<input type="checkbox"/> MYR 1,650 USD 550	<input type="checkbox"/> MYR 1,400 USD 500	<input type="checkbox"/> MYR 1,550 USD 450			
Exhibitors	<input type="checkbox"/> MYR 5,000 USD 1,500	<input type="checkbox"/> MYR 4,500 USD 1,350				
Gala Dinner	<input type="checkbox"/> MYR 400 USD 125					

* Exhibitor gets 2 passes for meals & Opening Ceremony • Students: those with valid Student I.D

Note: Refund allowed 90 days before event date minus 50%

MODE OF PAYMENTS

Total amount payable (Conference Ticket total) _____

*Please write your name and event name 'SOFTEC2010' on back of cheque. Crossed cheque should be made payable to 'Malaysian Software Testing Board'

By Cheque Cheque No : _____ Issuing Bank : _____

By Credit Card Card Type : **Visa / Mastercard** Card No : _____

Card Expiry date : _____ Security 3 digits : _____

By Bank/Telegraphic Transfer Please remit payments to the following account, and fax the bank-in slip to +603 4108 6703/4108 7815 or scan & email to softtec2010.secretariat@mstb.org / softtec2010.secretariat@citra-imc.com together with copy of registration form