

Registration via fax. Please print, complete and fax to 82-2-3404-9393.

## Training Registration Form

### Participant(s) Information

**Attendee's Name** : \_\_\_\_\_  
**Email Address/Job Title/Dept.** : \_\_\_\_\_

**Attendee's Name** : \_\_\_\_\_  
**Email Address/Job Title/Dept.** : \_\_\_\_\_

**Attendee's Name** : \_\_\_\_\_  
**Email Address/Job Title/Dept.** : \_\_\_\_\_

**Attendee's Name** : \_\_\_\_\_  
**Email Address/Job Title/Dept.** : \_\_\_\_\_

**Attendee's Name** : \_\_\_\_\_  
**Email Address/Job Title/Dept.** : \_\_\_\_\_

**Company** : \_\_\_\_\_  
**Address** : \_\_\_\_\_

**Telephone No.** : \_\_\_\_\_

**Fax No.** : \_\_\_\_\_

Workshop Name	Workshop Date	Total Cost US\$

*Note: Payment must be received before the start of class.*

### **Type of Payment**

**Bank Transfer**

Please consult with our Sales person in charge. As you submit copy of Bank Transfer along with the Registration form, we will issue you a receipt. Our Account information is as follows:

Account number: 100-60451-250 (KorAm Bank)  
Account Holder: Bank of America (Synopsys Korea)

\_\_\_\_\_  
Company Stamp and Signature