



Please fax SoftSummit 2005 conference registration form to: (408) 743-8610. Attn: Christine Buk

Please check off which program you will be participating in:

	Conference Only	Conference + One Day Training
	October 10 and 11 th (Includes Reception on Sunday, October 9 th)	October 10 and 11 th (Includes Reception on Sunday, October 9 th)
Pre- Registration Jun 2 nd – Aug 31 st	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1540
Standard Registration Sept 1 st – Oct 9 th	<input type="checkbox"/> \$1295	<input type="checkbox"/> \$1840
Door Price Oct 9 th – Oct 12 th	<input type="checkbox"/> \$1495	<input type="checkbox"/> \$2040
Please select the training class you will be attending	Wednesday, October 12 th <input type="checkbox"/> Software Value Management, Strategies (Participants -Marketing, Product Marketing and Business Professionals involved with software licensing, pricing policies, license distribution or strategic marketing)	
	Wednesday, October 12 th <input type="checkbox"/> FLEXnet Publisher, Operations Module v7.1 (Participants Sales Administration, Support and Information Technology (IT) professionals involved with software licensing, pricing policies or license distribution.)	

NOTE: If Paying by Purchase Order, PO Number must be received by October 1st, 2005

Company Name	Name
Address 1	Title
Address 2	Email
City	Phone
State	Fax
Zip/Postal Code	Country
Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order No.	Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Name on Credit Card	Credit Card Number:
	Expiration Date:
Signature (required)	
Billing Address (if different)	
City/State/Zip/Postal Code	