SoftPlan Online Training CLASSES Registration Form

Live ONLINE Training Classes
New this year, SoftPlan is implementing live online training classes that you may attend from your own office/home on your computer. The online class is conducted using SoftPlan 2014. A high speed internet connection, access to email, Internet Explorer Web Browser, a telephone, and a licensed copy of SoftPlan are all you need for the class. The class size is limited to 14 participants.

For full details including a class schedule visit www.softplan.com/training_classes.htm.

<table>
<thead>
<tr>
<th>Class</th>
<th>Time</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick Start Introductory (4 day)</td>
<td>8:45 am - 10:30 am Central</td>
<td>$195 for all 4 days</td>
</tr>
<tr>
<td>Intermediate (4 day)</td>
<td>8:45 am - 10:30 am Central</td>
<td>$195 for all 4 days</td>
</tr>
<tr>
<td>3D Rendering (4 day)</td>
<td>8:45 am - 10:30 pm Central</td>
<td>$195 for all 4 days</td>
</tr>
<tr>
<td>Quick Start Introductory (2 day)</td>
<td>8:45 am - 12:15 pm Central</td>
<td>$195 for both days</td>
</tr>
<tr>
<td>SoftList ( 4 day)</td>
<td>8:45 am - 10:30 am Central</td>
<td>$195 for all 4 days</td>
</tr>
<tr>
<td>Roof( 4 day)</td>
<td>8:45 am - 10:30 am Central</td>
<td>$195 for all 4 days</td>
</tr>
</tbody>
</table>

Just complete the information below and email it back to sales@softplan.com, or you can make your reservation via phone by calling 1-800-248-0164. Either way you register, you will receive your confirmation via mail. All prices are in US dollars.

Attendee Name: ________________________  Key Number: ________________________
Class: ________________________  Class Date: ________________________

Company: ____________________________________________

Contact: ____________________________________________

Address: ____________________________________________

City/State/Zip: ____________________________________________ / /

Phone: ________________________ Fax:______________________ Email:______________________

Training Class Amount (plus all applicable taxes) $195

Form of Payment (circle one): Visa  Master Card  American Express

Card Number: ________________________  Expiration Date: ________________________

Billing Address: ____________________________________________

Zip Code: ________________________

Name on Card: ____________________________________________

Signature: ________________________