

## Bentley Community (UKI)

For users of Bentley Systems products
Visit us at www.bentleyuser.org

To: Delegate Conference Services Tel No: 01491 635333
Delegate House, 30a Hart Street Fax No: 01491 579835

Henley on Thames, Oxon RG9 2AL Email: BentleyCommunity@delegate.uk.com

## **BENTLEY COMMUNITY (UKI) WINTER CONFERENCE 2008**

Thursday 28<sup>th</sup> & Friday 29<sup>th</sup> February 2008 - Sheraton Heathrow Hotel, London

REGISTRATION FORM FOR PAYMENT BY CHEQUE, CREDIT CARD, COMPANY INVOICE Cheques to be made payable to "Bentley Community (UKI)"

Please note that membership to Bentley Community is either Individual or Pool

	COST	TOTAL			
Training Day Registration Thursday 28th February	Please complete a Bentley Sys www.bentleyuser.org- as Invoid by Bentley Systems (UK) Ltd	N/A	N/A		
Conference Dinner	Thursday 28 <sup>th</sup> February, from 7 3 Course Meal & Entertainmen	£45.00			
Member  Conference Registration Friday 29 <sup>th</sup> February	Registration - £99.00 + VAT (£	£116.33			
Non-Member  Conference Registration Friday 29 <sup>th</sup> February	Registration * - £160.00 + VAT  * Please note that this includes Community for March to Septe For 'Pool Membership' Registra Administration Office as above	£188.00			
Accommodation	Rooms have been booked at the Sheraton Heathrow at a cost of £115.00 per room per night inclusive of bed and breakfast and VAT. Please circle room requirements below:  Wed 27 <sup>th</sup> Feb  Thurs 28 <sup>th</sup> Feb  Single room  Double room				
Purchase Order No: You will be invoiced on receipt of this form	rchase Order No: You will be invoiced on TOTAL TO		PAY	£	

## **CONTACT DETAILS**

(Please photocopy form for any additional delegates you wish to register and pay for)

Name:				Job <sup>-</sup>	Title: _		
Company:				E	mail: _		
Address 1:				Addre	ss 2: _		
City:				Postal C	ode: _		
Telephone:				Fax num	ber : _		
Please debit i	•	for the	Total Amount of £	£		plus 3% c Exp Date:	redit card charges
Card Type:	Access	Visa	MasterCard	Switch	(please	circle one)	Security/Issue No:
Name on Care	d·		Si	ianature <sup>.</sup>			Date: