



**Registration form for Flexsim Familiarization Training:**

Date: \_\_\_\_\_ (Please indicate the date)  
Time: 0930 to 1230 hours  
Place: Advent2 Labs

**1. Contact information:**

Company name	
Address	
Zip code	
Country	
Name of contact person	
Contact phone number	
E-mail of contact person	

**2. Delegates information**

I would like to register the following names for the Flexsim Basic Training.

Name	Designation	E-mail	Have been experienced with Flexsim and how long?

**3. Organizer:**

Advent2 Labs  
Pico Creative Art Centre, level 2.  
20, Kallang Ave  
Singapore 339411  
Ms Clarice Neo (Tel: 63924717) or David Chan (91016027)

**4. Outline:**

1. What is Simulation?
2. Basic Modeling Approach
3. Building Model 1: Post office model
4. Building Model 2: Warehouse model (if time allows)

Please fax or email this copy to (65) 63923281 or [info@advent2labs.com](mailto:info@advent2labs.com) **TWO WEEKS BEFORE** the starting date. Advent2 Labs reserved the right of changing the date and the time of training.