

## TRAINING REGISTRATION FORM

Please email completed form(s) to [BlackBerry@StoneForestIT.com](mailto:BlackBerry@StoneForestIT.com).

### Important Registration Notes

- Training Venue : STONE FOREST IT PTE LTD  
8 Wilkie Road, Wilkie Edge, Singapore 228095 (access via Lift Lobby 2)  
Training Room 1 or 2, Level 7
- Bookings are confirmed only upon receipt of full course fees.  
Cheques should be crossed and made payable to "STONE FOREST IT PTE LTD" and mailed together with this form to the stated address above.
- Registration is subject to a phone, fax or e-mail confirmation.
- Cancellation of registration must be made at least 3 days before the training/workshop date, failing which Technical Support Hours, the Full Training Seat, or 50% of the course fee will be deducted.
- There will be NO refund for non-attendance, but a replacement attendee is welcome, if required.
- Registrations are on a first come, first served basis. The course will only commence when the minimum number of attendees is reached.
- Stone Forest IT Pte Ltd reserves the right to amend the dates and content of training sessions.
- For more information or unique BlackBerry training requests, kindly email us at [BlackBerry@StoneForestIT.com](mailto:BlackBerry@StoneForestIT.com)
- All course fees are subject to prevailing 7% GST.

### REGISTRATION DETAILS

(\* Delete where applicable)

Organisation Name: \_\_\_\_\_

Liaison Person: (Dr / Mr / Ms / Mdm\*) \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### PARTICIPANT INFORMATION

Participant's name: (Dr/ Mr / Ms / Mdm\*) \_\_\_\_\_

Designation: \_\_\_\_\_

Nationality: Singaporean / Singapore PR / Foreigner

Mobile: \_\_\_\_\_ DID: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Kindly select the course dates that you wish to register for.**

<b>Course</b>	<b>Course Fee</b>	<b>Course Dates</b>
<b>BlackBerry UEM Advanced</b>	<b>S\$3000 (excl. GST)</b>	<input type="checkbox"/> 12 -14 Mar 2018
		<input type="checkbox"/> 3 – 5 Sep 2018
<b>BlackBerry Dynamics &amp; BEMS</b>		<input type="checkbox"/> 2 – 4 Apr 2018
		<input type="checkbox"/> 17 – 19 Sep 2018

**PAYMENT**

Invoice the organisation name stated above Bank/Cheque no.: \_\_\_\_\_ Amount: \_\_\_\_\_

*Note: Please make photocopies of this form for more participants.*

\_\_\_\_\_  
Authorised Signature & Co. Stamp

Name :

Designation :

Date :

<u>For official use:</u>	Official receipt: YES / NO
Amount: S\$ _____	Cash/Cheque no: _____
Inv no: _____	Inv dd: _____