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TRAINING REGISTRATION FORM

Please email completed form to Registration@StoneForestIT.com or fax to **+65 6594 7888**.

Important Registration Notes

- Training Venue : 8 Wilkie Road, Level 7, Wilkie Edge, Singapore 228095 (access via Lift Lobby 2)
- Bookings are confirmed only upon the 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.
- BizApps Care members may utilise:
 - BizApps Care hours
 - Training seats under their BizApps Care Managed Plan package, where applicable
- Cancellation of registration must be made at least 3 working days before the training date. Failing which either BizApps Care hours or 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 reserves the right to amend the dates and content of training sessions.
- All course fees are subject to prevailing 7% GST.

REGISTRATION DETAILS

Organisation name: _____

Liaison person: (Dr/ Mr/ Ms) _____ **Email:** _____

****Sage Client ID:** _____ **Tel:** _____ **Fax:** _____

Company address: (for non-BizApps Care members) _____

PARTICIPANT INFORMATION

Participant's name: (Dr/ Mr/ Ms) _____

Designation: _____ **Nationality:** Singaporean / Singapore PR / Foreigner

Mobile: _____ **DID:** _____ **Email:** _____

Courses	Course Fee	Hours Utilisation (BizApps Care)	Training Date
Sage 300 General Ledger	\$200	2 hours	
Sage 300 Accounts Receivable	\$200	2 hours	
Sage 300 Accounts Payable	\$200	2 hours	
Sage 300 Operational Modules Overview	\$200	2 hours	
Sage 300 Basic Financial Reporting	\$200	2 hours	
Norming Asset Management	\$200	2 hours	
Microsoft Excel for Executives	\$400	4 hours	

PAYMENT OPTION

- Deduct BizApps Care hours or Project hours
- Utilisation of training seats in BizApps Care Contract
- 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 :

FOR OFFICIAL USE	Official receipt YES / NO
TSC hours deducted: _____	Deducted on: _____
Amount: S\$ _____	Cash/ Cheque no: _____
Invoice no: _____	Invoice dd: _____