

Stone Forest Academy

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Wilkie Edge, Singapore 228095

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TRAINING REGISTRATION FORM

Please fax completed form to **+65 6594 7888** or email to **registration@stoneforestacademy.com**

Important Registration Notes

- Training Venue : STONE FOREST ACADEMY PTE LTD
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 ACADEMY PTE LTD" and mailed with this form to 8 Wilkie Road, #07-01, Wilkie Edge, Singapore 228095.

ACCPAC Care members may utilise ACCPAC Care hours where, deductible hours = course fees / value of 1 ACCPAC Care hour, unless otherwise stated.

ACCPAC Care members may also utilise Training Seats under their ACCPAC Care Managed Plan Package, where applicable.
- This registration is subject to a phone, fax or e-mail confirmation.
- There will be no refunds for non-attendance; a replacement attendee is welcome. Cancellation of registration must be made at least 3 days before the training date, failing which Technical Support Hours, the Full Training Seat, or 50% of the course fee will be deducted.
- Registrations are on a first-come-first-served basis. The course will only commence when the minimum number of attendees is reached.
- Stone Forest Academy Pte Ltd reserves the right to amend the dates and content of training sessions.
- All course fees are subject to prevailing 7% GST

REGISTRATION DETAILS

(* Delete where applicable)

Organisation Name: _____

Liaison Person: (Mr / Ms / Mdm *) _____ Tel: _____ Fax: _____

E-mail: _____ Address: (for non-ACCPAC Care members) _____

Courses	Public	Valid Sage Cover**	Training Date
Sage 300 General Ledger	\$200	\$150	
Sage 300 Accounts Receivable	\$200	\$150	
Sage 300 Accounts Payable	\$200	\$150	
Sage 300 Operational Modules Overview	\$200	\$150	
Sage 300 Basic Financial Reporting	\$200	\$150	
Sage 300 Intelligence Reporting	\$200	\$150	
Norming Asset Management	\$200	\$150	
Microsoft Excel 2013 for Executives	\$400	\$400	

** Sage Client ID: _____

PARTICIPANT INFORMATION

Participant's name: (Mr / Ms / Mdm *) _____

Designation: _____ Nationality: Singaporean / Singapore PR / Foreigner (please select one)

Mobile: _____ DID: _____ Fax: _____ E-mail: _____

PAYMENT DETAILS

Deduct ACCPAC Care hours / Project hours

Utilisation of Training Seats in ACCPAC 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 :

<u>For official use:</u>	Official receipt: YES / NO
No. of TSC hrs deducted: _____	Deducted on: _____
Amount: S\$ _____	Cash/Cheque no: _____
Inv no: _____	Inv dd: _____