

### SFIT TRAINING SERVICES REGISTRATION FORM

Please fax completed form to **6594 7888** or email to **training@stoneforest.com.sg**

Important Registration Notes

- Training Venue : CHIO LIM STONE FOREST  
8 Wilkie Road, #03-08, Wilkie Edge, Singapore 228095
- 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 with this form to 8 Wilkie Road, #03-08, Wilkie Edge, Singapore 228095.  
  
ACCPAC Care members may utilize ACCPAC Care hours where, deductible hours = course fees / value of 1 ACCPAC Care hour, unless otherwise stated.  
ACCPAC Care members may also utilize Training Seats under their ACCPAC Care Managed Plan Package, where applicable.
- This registration is subject to a phone or fax or e-mail confirmation from STONE FOREST.
- There will be no refunds for non-attendance; a replacement attendee is welcomed. Cancellation of registration must be made at least 3 days before the training date, failing which 50% of the course fee or Technical Support Hours or the Full Training Seat 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 IT Pte Ltd reserves the right to amend the dates and content of training sessions.
- All course fees are subjected 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) \_\_\_\_\_

<u>Courses</u>	<u>Public</u>	<u>Valid Sage Cover* (Note 1)</u>	<u>Training Date</u>
General Ledger	\$200	\$150	
Accounts Receivable	\$200	\$150	
Accounts Payable	\$200	\$150	
Operational Modules Overview	\$200	\$150	
Basic Financial Reporter	\$200	\$150	
Microsoft Excel for Executives	\$400	\$400	

\* Note 1: Sage Client ID: \_\_\_\_\_

**PARTICIPANT INFORMATION**

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

Designation: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mobile: \_\_\_\_\_ DID : \_\_\_\_\_ Fax : \_\_\_\_\_

**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 :

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