**Please indicate you are registering as an independent (Private) or under your company (Company sponsored).**

Independent  Company

Fields marked with \* are mandatory. (Your particulars are important for us to attend your request efficiently.)

**PARTICIPANT 01 DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Mr. | **Business** Email\* |  |
| **S-ID**\* (corresponding to the above email address) |  | | |
| Family name/Surname\* |  | First name/Given name\* |  |
| Company name (in full) & VAT no. \* |  | | |
| Department\* |  | Designation\* |  |
| Full address\* |  | | |
| Zip code\* |  | Region & Country\* |  |
| Direct tel/Tel extension\* |  | Mobile number\* | Click here to enter text. |
| SAP Partner number | 1358347 | Training Coordinator | Bonnie - tinhvt@abeoinc.com |

**COURSE’S DETAILS: (Please insert new row if register >1 courses)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code & Name** | **Course version/ Collection** | **Start Date** | **End Date** |
| SAP Certification in the Cloud (CER006) |  | 10-Mar-20 | 09-Mar-21 |

|  |  |  |  |
| --- | --- | --- | --- |
| How did you know about this course? |  | | |
| Have you attended SAP Training? | Yes  No | | |
| If **YES**, please tell us **what are the SAP course(s), where** and **when** did you attend these course(s)? **SAP ID/OSS ID**?  (Please provide us with details so that we can verify it with SAP records and attend to you quickly.) | | | |
|  | | | |
| Should we send your course status to your approving manager or department assistant too? | | | Yes  No |
| If **YES**, please provide details: | | | |
| Title | Choose an item. | **Business** Email\* |  |
| Family name/Surname\* |  | First name/Given name\* |  |
| Department\* |  | Designation\* |  |
| Direct tel/tel extension\* | Click here to enter text. | Mobile number |  |

**PAYMENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mode of Payment | Invoicing – Bank TT Transfer | | |
|  | | | |
| PO information | Not applicable | PO number |  |

**BILLING INFORMATION: (Please fill in if different from participant’s details)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Mr. | **Business** Email\* |  |
| Family name/Surname\* |  | First name/Given name\* |  |
| Department\* |  | Designation\* |  |
| Direct tel/tel extension\* |  | Mobile number\* |  |
| Company name (in full) \* |  | | |
| Full address\* |  | | |
| Zip code\* |  | Region & Country\* |  |

**REMARKS:**

|  |
| --- |
|  |

Please complete the form in **ENGLISH** and **EMAIL** to [**education@abeoinc.co**](mailto:education@abeoinc.co)**m**. For successful registration, confirmation email will be sent to you by 5-7 working days before class start. By submitting this registration form to SAP Education, you are agree that you accept our [**SAP Asia Terms & Conditions**](https://training.sap.com/shop/terms-and-conditions/?country=SG) and [**GLOBAL Terms & Conditions**](https://training.sap.com/g/en/terms-and-conditions). Participants are reminded to read the curriculum paths carefully and **have completed the relevant prerequisites** as failure to do so can inconvenience other students. You may be requested to leave the course and **fee will not be refunded.**