

# SAP Examination Registration Form



To be filled out by SAP

<b>Candidate (OSS) ID.:</b> _____
<b>Date:</b> _____

## Participant-Data

To be filled out by Participant (As to be printed on the Certificate, please print or place business card here)

<b>Consultant Name:</b> _____ (As to be printed on the Certificate, please print or place business card here)
<b>Job Title:</b> _____
<b>Company:</b> _____
<b>Address:</b> _____
<b>Telephone :</b> _____ <b>Fax-No.:</b> _____
<b>Internet Mail Address:</b> _____

Test Description & Related Training record	Release	Date
	<b>Total Charges:</b>	<b>HKD</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return (by fax/mail) this test registration form to (852) 2539 1818 Training Department. Check, payable to “SAP Hong Kong Co. Limited” and mail to SAP at least one week prior to the exam date: Address : Suite 1111-1114, 11/F, Cityplaza 4, Taikoo Shing, Attn. Training Department**

**For further queries, please do not hesitate to contact us at (852) 2539 1854.**

Application may defer the exam for maximum 2 times with at least one week prior to the exam date. Administration fee of HKD\$400 will apply to each change after 2 deferments or cancellation /reschedule with less than one week notification.

Request change of name on the exam certificate will charge at USD \$50.