



This Lead Registration Form is for the SAP Referral Program.

This form gathers information for SAP about a lead you want to refer to SAP and/or one of its reseller channels.

The more information you can provide the better chance of making a sale and paying your company a referral fee. Please provide as much of the requested information.

Submit completed Lead Registration Form to Program
Administrator:

ReferralCanada@sap.com

Fax: 416-218-6535



About you - the person referring a lead to SAP:
Please list the items below. Asterisked items are required items.

* Your company name	
* Your name	
* Your Position	
* Your Phone	
Your Cell Phone	
Fax Number	
* Your Email	

About The Lead You Are Referring To SAP
Please list the items below. Asterisked items are required items.

* LEAD COMPANY NAME:	
* This opportunity is for which SAP product? (please select one)	SAP Business One SAP Business All-in-One SAP Business ByDesign Unknown / Other
* How do you know this company:	
* How do you know of this opportunity:	
* Do you wish your company to be involved in SAP's sales cycle (where possible)?	
* Who from your company should be involved (name, contact info): * In what role?	
* Can we mention your company and your name when contacting this lead?	

Priority Lead Package - SAP Referral Program

***Lead Creation Date**
***required**

Determination:	<input type="checkbox"/> Priority <input type="checkbox"/> Regular	Lead Qualifier	
*Company/Org		Trade Style	
*Address		Referral Member BP#:	
*Telephone		Lead Acceptor/AE	
*E-Mail Address		VP:	
Website		Region:	
*DUNS #		*Primary SIC Code:	
D&B Revenue Change		Public/Private Status:	
*Industry		*Current CAN Revenue	
Sector		End of Fiscal Year	

Executive Summary

Primary Contact: *required		
*NAME	*PHONE NUMBER	*EMAIL ADDRESS

*Next Step for SAP:

Interactions with Prospect / Compelling Event:
* Current Solutions and Competitor(s): *required
<input type="checkbox"/> Oracle <input type="checkbox"/> JDE <input type="checkbox"/> PSFT <input type="checkbox"/> MSFT <input type="checkbox"/> SSA/LAWSON <input type="checkbox"/> OTHER:
Implementation Partner(s):
* Intelligence Summary: *required
* Product Solution Interest (i.e. ERP, HR, CRM, Supply Chain, etc): *required
* Purchase Time Frame: *required
<input type="checkbox"/> <6 Months <input type="checkbox"/> < 12 Months <input type="checkbox"/> > 12 months
* Implementation Time Frame: *required
<input type="checkbox"/> <12 Months <input type="checkbox"/> < 24 Months <input type="checkbox"/> > 24 months
* IT Buying Decision Authority: *required
<input type="checkbox"/> Decision Maker <input type="checkbox"/> Influencer <input type="checkbox"/> Project Owner <input type="checkbox"/> Other
* Budget Status: *required
<input type="checkbox"/> Budget Approved <input type="checkbox"/> Identified Budget Amt <input type="checkbox"/> Budget Not Identified <input type="checkbox"/> Budget Not Known Budget Amount:
Lead Origination:
<input type="checkbox"/> Cold Call <input type="checkbox"/> Member Referral <input type="checkbox"/> Inbound <input type="checkbox"/> Other

Lead Details

RFP/RFI Information

RFP/RFI Receipt Date:

**RFP/RFI Response
Timeframe:**

RFP/RFI Primary Contact:

Business Description

Core Business:

Parent/Subsidiaries:

Purchase Process

Sample:

*** Needs Qualification *required**

**Business Pain
Points:**

IT Environment

Software Competitors:

Number of Users:

IT Staff Count:

Hardware Platforms:

Audit Partner:

SAP Engagement Information

SAP Meeting

Scheduled Date:

Influencing Partner:

SAP Meeting Details:

Demo Requested:

SE/ISG Engaged:

Primary Contact

Contact:	Function:
Title:	Level:
Address:	Contact Type:
	Interview Date:
Phone:	Email:

Additional Contacts

Contact:	Function:
Title:	Level:
Address:	Contact Type:
	Interview Date:
Phone:	Email:

Marketing Campaign Overview

Marketing Campaign:

Description:

Transaction Information

Determination ID:

CRM Campaign ID: CRM-CA08-OFM-TC_WEBLRP

CRM Name: 2008 Member Referral Program
