



SAP Examination Registration Form

To be filled out by SAP

Candidate Id.: _____ **Date:** _____

Participant-Data

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

Consultant: _____ **Job Title** _____

Company: _____

Address: _____

Telephone : _____ **Fax-No.:** _____

Internet Mail Address: _____

Test Description	Release	Date
	Total Charges:	HKD

Signature: _____ **Date:** _____

Please return this test registration form to (852) 2539 1818 Training Department.

For further queries, please do not hesitate to contact us at (852) 2539 1839.