



Sybase Solutions Corporation
 25/F Prestige Tower,
 F. Ortigas Jr. Ave., Ortigas Center,
 Pasig City, Philippines 1500
 Tel : (632) 914-2548
 Fax : (632) 914-2545

COURSE ENROLLMENT FORM

Company Information

Company: _____ Contact Person: _____
 Address: _____
 Telephone: _____ Fax: _____ E-Mail: _____

Student Information

Student Name	Student Title	Course Code	Course Date	Fee (Peso)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Marketing Information

How did you get to know about Sybase Education? (check all that apply)

Enewsletter
 Brochure
 Magazine
 Partner (please specify) _____
 Website
 Advertisement
 Colleagues
 Friends
 Others _____

Payment Details

Cheque # _____
 Purchase Order (please attach copy)
 Training Credits (RRF#) _____

Billing Details (if different from above)

Company: _____
 Contact Person: _____
 Address: _____
 Telephone: _____ Fax: _____
 E-Mail: _____

for internal use only

Ref # _____
 Training Order# _____

Certified True and Correct

Name and Designation

Signature

- Kindly make all payments in checks payable to "SYBASE SOLUTIONS CORPORATION" and cross "Account Payee Only" upon submission of this enrollment form.
- To secure your seat, you must submit this form at least two weeks in advance.
- Cancellation of attendance must be notified 10 working days in advance of the scheduled date of the course or FULL cost will be billed.
- Within a week of the class date, fees are already NON REFUNDABLE, however, replacement of attendee(s) will be accepted at no extra cost.
- SYBASE SOLUTIONS CORPORATION reserves the right to change the date(s) and/or contents(s) of the training.
- 10% Value Added Tax will be added to your invoice unless you attach a copy of your VAT Exemption Certificate (if applicable) together with this form.
- Please signify your agreement to us by signing and returning this form to us by fax (914-2545), by messenger, or by email at education@sybasesolutions.com.

