



REGISTRATION FORM

Name: _____

Home Address: _____

Company Name and
Address: _____

Designation: _____ Email Address _____

Landline Number: _____ Mobile Number: _____

Emergency Contact Person: _____ Contact Number _____

PLEASE CHECK THE CIRCLE FOR THE COURSE/S YOU ARE ENROLLING FOR:

- AUCM- BA-16001**
Avaya Communication Manager 6.3.x Basic Administration Training
(9-6PM, Mon-Fri, 30,000 PHP)

- AUCM-1M-16101**
Avaya Communication Manager 6.3.x Implementation and Administration
(9-6PM, Mon-Fri, 40,000 PHP)

- AUCM-TM-16201**
Avaya Communication Manager 6.3.x Advanced Troubleshooting with IP Telephony
(9-6PM, Mon-Fri, 45,000 PHP)

- AIPO-I&A-16301**
Avaya IP Office Installation and Administration
(9-6PM, Mon-Fri, 30,000 PHP)

SIGNATURE ABOVE NAME OF ENROLEE

PAYMENT OPTIONS:

BPI ACCOUNT
Teledatcom Phils Inc.
Account Number: 4161-0026-88

BDO ACCOUNT
Teledatcom Phils Inc.
Account Number: 006810062946