



**EBX Certification Registration
Form For Individuals**

Please complete this form, then mail it to certification@orchestranetworks.com or fax it to +33 (0)1 82 83 99 04 .

Contact Information

| | | | | | |
|---------------|----------------------|--------------|----------------------|----------|----------------------|
| Contact Name: | <input type="text"/> | Company: | <input type="text"/> | | |
| Title: | <input type="text"/> | Street: | <input type="text"/> | | |
| Phone: | <input type="text"/> | City: | <input type="text"/> | State: | <input type="text"/> |
| Email: | <input type="text"/> | Postal Code: | <input type="text"/> | Country: | <input type="text"/> |

Certification Candidates

| Candidate Name | Certification Name | Test Location | Test Date | Price |
|----------------|--------------------|---------------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Price:

Terms and Conditions

- You have read the certification description(s) and you confirm that the content is appropriate for each candidate.
- You understand that registration is not confirmed until you receive a confirmation notice from Orchestra Networks.
- You accept that Orchestra Networks may cancel a test up to 10 business days before the test date.
- You may cancel any registrations up to 11 business days before the test date, with a 50% cancellation fee.
- You may cancel any registrations less than 11 business days before the test date, with a 100% cancellation fee.
- All prices indicated in the registration form are exclusive of any applicable sales taxes.

Payment Information

Purchase Order: You will pay within 30 days from the date of invoice referencing your purchase order .

Invoice: You will pay within 30 days from the date of invoice and no purchase order is required.

If your company resides within the European Union, then you have to provide its VAT number: .

Invoice Information

| | | | | | |
|-----------------|----------------------|--------------|----------------------|----------|----------------------|
| Recipient Name: | <input type="text"/> | Company: | <input type="text"/> | | |
| Title: | <input type="text"/> | Street: | <input type="text"/> | | |
| Phone: | <input type="text"/> | City: | <input type="text"/> | State: | <input type="text"/> |
| Email: | <input type="text"/> | Postal Code: | <input type="text"/> | Country: | <input type="text"/> |

Date:

Authorized Signature: