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| **Registration form** |

**Two Days Specialized Training Workshop on**

**Islamic Finance & Takaful**

**12th & 13th November, 2015 at Hotel Africana, Kampala Uganda**

*Please complete and return by e-mail, regular mail or fax.*

*Please note that the name and title you give here will be printed on participants’ list and on certificates.*

### Participant Information

Title\_\_\_\_\_\_\_ □ Prof. □ Dr. □ Other: \_\_\_\_\_\_\_\_\_Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Mr. □ Ms. □ Mrs.

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal/Zipcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Workshop Fee

#### Workshop fee include admission to conference sessions, tea/coffee, lunch, registration materials and Certificate.

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| **Event Name** | **Participation Fee** |
| Two Days Specialized Training workshop on Islamic Finance & Takaful | 495 USDFor Professionals | 250 USDFor students/Faculty members |

**Discount Policy**

* Five or more delegates from the same organization - 20% discount

**Account details form payment**

Banks detail is as under:

Bank Name:  Emirates Islamic Bank, Dubai, U.A.E

Account Title: ALHUDA CIBE FZ LLE

AED A/C No:  0228-088619-001

IBAN :             AE49 0340 0002 2808 8619 001

Swift Code:    MEBLAEAD

*\*\* Please state the* ***workshop name*** *and the* ***full name of the participant*** *on the reverse of the cheque.*

**Additional Instructions**

* **Payment Information** Registration forms must be accompanied by full payment in order to be processed.
* **Full payment** is due on registration
* **Registration** will not be confirmed until full payment has received
* **Confirmation** Please allow 3 days for e-mail confirmation of your registration.

*By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full workshop fee. I have taken notice of the cancellation terms on this form.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Email:

info@alhudacibe.com , [www.alhudacibe.com](http://www.alhudacibe.com)