



REGISTRATION FORM

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

| | | |
|------------------|------------------|---------|
| Full Name: | | |
| Organization: | Designation | |
| Address: | | |
| Postal/Zip code: | City | Country |
| Telephone: | Cell | Fax |
| Email (Official) | Email (Personal) | |

Training Fee

Training fee include registration of training sessions, tea/coffee, lunch, registration material and Certificate.

| Event Name | Participation Fee |
|--|-------------------|
| Two Days Specialized Training Workshop on Practical Aspects of Islamic Banking, Takaful & Islamic Microfinance June 10-11, 2024 Venue: Bamako, Mali | USD 395 |

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.

Additional Instructions

- ❖ **Payment Information:** Registration forms must be accompanied by full payment in order to be processed.
- ❖ **Full payment** is due on registration
- ❖ **Confirmation:** Please allow 3 days for e-mail confirmation of your registration.
- Cancellation Policy:** AlHuda CIBE do not have any cancellation policy once registration finalized, meanwhile, alternative can be nominated.

Discount Policy

- ❖ Four or more delegates from the same organization - 20% Discount
- ❖ Early Bird Discount till one month before the event/training - 20% Discount
- ❖ From the above only one discount option can be availed at a time

Return Address:



Date: ___/___/___ Signature: _____

E-mail: info@alhudacibe.com
Web: www.alhudacibe.com