

# 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

Registration fee includes admission to training sessions, tea/coffee, lunch, training materials and Certificate.

Event Name	Participation Fee
<b>Two days specialized training on Practical Aspects of Islamic Banking, Takaful and Islamic Microfinance</b> April 09–10, 2025 in Kabul, Afghanistan	USD 295

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.

Return Address



E-mail: [info@alhudacibe.com](mailto:info@alhudacibe.com)  
Web: [www.alhudacibe.com](http://www.alhudacibe.com)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_