

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

Title: Prof. Dr. Mr. Ms. Mrs. Other _____

Full Name: _____

Organization: _____ Designation _____

Address: _____

Postal/Zip code: _____ City _____ Country _____

Telephone: _____ Cell _____ Fax _____

Email (Official) _____ Email (Personal) _____

Conference Fee

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

<input checked="" type="checkbox"/>	Event Name	Participation Fee
	11th African Islamic Finance Summit 2024 5 th March, 2024 - Hotel Ambassador, Hargeisa, Somaliland	195 USD (1 Day)
	2 Days Post Event Workshop on Islamic Banking, Islamic Microfinance & Takaful 6 th - 7 th March, 2024 - Hargeisa, Somaliland	295 USD (2 Days)
	Forum + Workshop (5th - 7th March, 2024)	490 USD (3 Days)

Discount Policy

❖ Five or more delegates from the same organization - 20% Discount

Additional Instructions

- ❖ **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.
- ❖ **Payment Information:** Registration forms must be accompanied by full payment in order to be processed.

*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 Address:

E-mail: info@alhudacibe.com

Web: www.alhudacibe.com