

Registration

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) _____

Training Fee

Training fee include admission to training sessions, tea/coffee, lunch, registration materials and Certificate.

Event Name	Participation Fee
Two Days Specialized Training on Islamic Banking, Islamic Microfinance and Takaful February 12-13, 2025 at Tirana, Albania	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

- ❖ Full payment is due on registration
- ❖ Confirmation: Please allow 3 days for e-mail confirmation of your registration.
- ❖ If any candidate share this filled and signed form. She/he will be eligible to pay its registration fee.
- ❖ Cancellation Policy: AlHuda CIBE do not have any cancelation policy once registration finalized, meanwhile, alternative can be nominated.

Return Address:

E-mail: info@alhudacibe.com

Web: www.alhudacibe.com

Date: ___/___/___ Signature: _____