

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) _____

Training Fee

Training fee includes registration, training material & Literature, Books & Research Material, Presentations, Certificates and Market intelligence.

<input checked="" type="checkbox"/>	Event Name	Participant Fee
	Two Days Specialized Training on Islamic Banking and Islamic Microfinance October 14 – 15, 2021 at Albania	295\$

Account details for payment

Banks detail is as under:

Beneficiary Name: **Al Huda**
Beneficiary A/C#: **0204-0100430195**
Bank Name: **Meezan Bank Ltd, Lahore - Pakistan.**
Branch Address: **Garden Town Branch, Lahore, Punjab – Pakistan**
Bank Swift Code: **MEZNPKKA**
Corresponding Bank: **Standard Chartered Bank, New York U.S.A**
Account #: **3582-072703-002**
SWIFT: **SCBLUS33**
IBAN: **PK56MEZN0002040100430195**

**The Payment will proceed without any tax deduction.

**By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full training 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.
- ❖ **Payment Information:** AlHuda CIBE do not have any cancellation policy once registration finalized, meanwhile, alternative can be nominated.

Date: ___/___/___ Signature: _____



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