

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:	Last 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.

TOPIC	Participation Fee
2-Days Specialized Training Workshop on Risk & Deposit Management in Interest-Free Banking and Finance - February 21-22, 2024	USD 495

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.
- ❖ **Cancellation Policy:** ALHuda CIBE do not have any cancellation policy once registration finalized, meanwhile, alternative can be nominated.
- ❖ Agreement and Bank Invoice for fee transfer will be shared after receiving filled form

Return Address:



CIBE - UAE

Date: ___/___/___ Signature: _____

E-mail: info@alhudacibe.com

Web: www.alhudacibe.com