



## 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: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Email (Official) \_\_\_\_\_ Email (Personal) \_\_\_\_\_

 Event Name	Participation Fee
<b>Exposure Visit &amp; Executive training on Islamic Finance (Islamic Banking, Islamic Microfinance)</b> January 24-29, 2024 in Kuala Lumpur, Malaysia	<b>USD 2,150</b>

### Exposure Visit

Note: Exposure visit fee include Practical Training sessions for three days, Refreshment (Tea + Lunch) during training sessions, Industry Visits, Training Certificates, Local Transportation during industry visits, City Tour and Gala Dinner.

### Additional Instructions

- **Payment** is due on registration
- **Confirmation:** Please allow 3 days for e-mail confirmation of your registration.
- **Cancellation Policy:** AlHuda CIBE does not have any cancelation policy once registration is finalized, meanwhile, an alternative can be nominated.
- If any candidate shared this filled and signed form. She/he will be eligible to pay its registration fee.
- Agreement and Bank Invoice for fee transfer will be shared after receiving filled form

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