

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 _____

First Name: _____ Last Name: _____

Organization: _____ Designation _____

Address: _____

City _____ Country _____

Telephone: _____ Cell _____

Official Email id _____ Personal E-mail _____

Training Fee

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

Event Name	Participant Fee
Two Days Specialized Training Workshop on Operational, Technical and Shariah Aspects of Islamic Banking and Finance (Language: French) October 03-04, 2023	195 USD (2 Days)

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 does 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