

# 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:		
Organization:	Designation	
Address:		
Postal/Zip code:	City	Country
Telephone:	Cell	Fax
Email (Official)	Email (Personal)	

## Training Fee

Training fee include admission to training sessions, registration materials and Certificate.

Event Name	Participation Fee
<b>2-Days Specialized Training Workshop on Operational Aspects of Islamic Banking, Islamic Microfinance and Shariah Auditing</b> June 13-14, 2024 Venue: Abidjan, Ivory Coast	USD 395

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.

## Discount Policy

- ❖ Four or more delegates from the same organization - 20% Discount
- ❖ Early Bird Discount till one month before the event/training - 20% Discount
- ❖ From the above only one discount option can be availed at a time

## 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.

Return Address:



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

Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_