

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
Two Days Online Training on Operational Aspects of Islamic Banking and Microfinance Products and Shariah Auditing - (French Language) 24-25 November, 2025	USD 195

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
Web: www.alhudacibe.com

Date: ___/___/___ Signature: _____