

REGISTRATION FORM

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, tea/coffee, lunch, registration materials and Certificate.

Event Name	Participation Fee
Two Days Specialized Training on Practical Aspects of Islamic Banking, Takaful, Islamic Microfinance and Sukuk January 09-10, 2025 in Nairobi, Kenya	USD 395 (2 Days)

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.

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.

Discount Policy

- ❖ Five or more delegates from the same organization - 25% Discount

Return Address



E-mail: info@alhudacibe.com
Web: www.alhudacibe.com

Date: ___/___/___ Signature: _____