

# 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

First Name:	Last 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
<b>Two days specialized training on Practical Aspects of (Alternative Finance) Islamic Finance, Takaful, Islamic Microfinance and Sukuk</b> August 28-29, 2025 in Lusaka, Zambia	295 USD (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:



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

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

