

Registration Form

| Please note that the name and title you give he | re will be printed on participants list and on ce | rtificates. | |
|--|--|----------------------------------|-------------------|
| Participant Information | <u>n</u> | | |
| Title: Prof. Dr. M | r. Ms. Mrs. Other | | |
| Full Name: | | | |
| Organization: | | Designation | |
| Address: | | | |
| Postal/Zip code: | City | Country | |
| Telephone: | Cell | Fax | |
| Email (Official) | En | nail (Personal) | |
| | , training material & Literature, E | Books & Research Material, Prese | |
| Event Name | | | Fee for Pakistani |
| Two Days Specialized Training on Islamic Micro and Agriculture Finance July 16-17, 2025 Venue: Lahore, Pakistan | | | |
| Agriculture Fi | nance | slamic Micro and | 24,500 PKR |
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Signature: _

Payment can be paid in cash