

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.

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Рα	rtic	cipa	nt	Into	rma	tion

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

Training Fee

Training fee include registration of training sessions, tea/coffee, lunch, registration material and Certificate.

Event Name	Participation Fee
Two Days Specialized Training on Practical Aspects of Islamic Banking, Takaful & Islamic Microfinance March 28-29, 2024 in Bishkek, Kyrgyzstan	USD 495

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
- $\boldsymbol{\diamondsuit}$ payment in order to be processed.
- ❖ Full payment is due on registration

Date:____/___

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.

Signature: _____

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

Return Address:



CIBE - UAE

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