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 includes registration, training material & Literature, Books & Research Material, Presentations, recording and E-certificates.

| Event Name | Participation Fee |
|--|-------------------|
| Two Days Specialized Online Training on Takaful (Islamic Insurance) April 02-03, 2024 (Online) | USD 390 |

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
- 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

- ❖ Four or more delegates from the same organization 20% Discount
- Early Bird Discount till one month before the event/training 20% Discount
- $\ensuremath{ \bullet }$ From the above only one discount option can be availed at a time

Return Address:



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