

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

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Other _____

Full Name: _____

Organization: _____ Designation _____

Address: _____

City _____ Country _____

Telephone: _____ Cell _____

Email (Official) _____ Email (Personal) _____

Training Fee

Training fee include admission to event sessions, tea/coffee, lunch, registration materials and certificate.

✓	Event Name	Fee
	Two Days Specialized Training on Operational and Practical Aspects of Islamic Banking and Finance May 23-24, 2025 - Washington DC, USA	495 \$

Discount Policy

- Five or more delegates from the same organization - 25% Discount
- Early Bird Discount till 30 days before the event - 25% Discount
- From the above only one discount option can be availed at a time

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.

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.

Date: ____/____/____ Signature: _____