

Registration Form

Two Days Specialized Training Workshop on Halal Tourism

26th – 27th June, 2020 Islamabad - Pakistan

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 Inform	ation		
	Prof. Dr	Mr. Ms. Mss. Mrs.	
First name			
Last name			
Organization			
Address			
Postal/Zip code	City:	Country:	
Venue:			
Telephone:	Fax:	E-mail:	
Training Fee The Training fee shall in	clude admission to the Two days spec	ialized Training, Tea/Coffee, Lunch	, Training Material and Certificates.
TRAINING			Fee Detail
Two Days Spe 26 th – 27 th Ju	sm PKR 24,500/-		
	payment se by Cheque or Demand Draft in favo ank account Detail is below.	ur of Halal Research Council or Yo	u can also transfer your fee
For Participants Beneficiary Name: Beneficiary A/C#: Bank Name: Branch Address: Bank Swift Code: Corresponding Bank:	Halal Research Council 3421-10044375009 Faysal Bank Limited Cavalry Ground (Islamic Branch) Laho FAYSPKKA Standard Chartered Bank, New York I	•	
SWIFT ADDRESS: IBAN:	SCBLUS33 PK84FAYS3421010044375009		CO. HAIAI DESEADCH COUNCII

Additional Instructions

- Payment Information Registration forms must be accompanied by full payment in order to be processed.
- Full payment is due on registration
- Registration will not be confirmed until full payment has received
- Confirmation Please allow 3 days for e-mail confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment $of \ the \ full \ Workshop \ fee. \ I \ have \ taken \ notice \ of \ the \ cancellation \ terms \ on \ this \ form.$

98 A Sunflower Society, J1, Johar Town - Lahore Ph: +92 42 359 13096 - 8 Fax: +92 42 359 13056 E-mail: info@halalrc.org Web: www.halalrc.org

			C ' .	
Date:	/	/	Signature:	