

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. Other: _____ Mr. Ms. Mrs.

First name _____ Last name _____

Organization _____ Designation _____

Country _____

Telephone: _____ Fax: _____ E-mail: _____

Workshop Fee

Workshop fees include admission to workshop sessions, tea/coffee, lunch, registration materials and Certificate.

Event Name	Fee
Two Days Specialized Training Workshop on Halal Food Management 02-03 August, 2021 - Dubai, UAE	495 USD

Account details

****The Payment will proceed without any tax deduction.**

Beneficiary Name:	Halal Research Council
Beneficiary A/C #:	3421 – 010044375009
Bank Name:	Faysal Bank Ltd
Branch Address:	Cavalry Islamic Branch, Lahore, Punjab – Pakistan
Bank Swift Code:	FAYSPKKA
Corresponding Bank:	Standard Chartered Bank, NEW YORK SWIFT
ADDRESS:	SCBLUS33
IBAN:	PK84FAYS3421010044375009

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

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.
- ❖ **Registration:** will not be confirmed until full payment has received

Date: ___/___/___ Signature: _____



Halal Research Council

98-A Sunflower Society, J1 Johar Town,
Lahore - Pakistan.

Ph: +92 42 3591 3096 - 98

Fax: +92 42 3530 3096

E-mail: info@halalrc.org

Web: www.halalrc.org

Hotline: +92 331 9360000