

## **REGISTRATION FORM**

### **12th IFSB-INCEIF Executive Forum: Preserving Wealth and Generating Long-term Value through Islamic Finance**

**06 March 2018 - 07 March 2018**

**Training Room 3.3 & 3.4, Level 3, Sasana Kijang, Kuala  
Lumpur  
Kuala Lumpur, Malaysia**

Organised By:



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Organised By: Islamic Financial Services Board

### PARTICIPANT DETAILS

Name (Prof./ Dr./ Mr./ Ms./ others) :

.....

Position : .....

Department :

.....

Company :

.....

Address :

.....

Postcode : .....

City :

.....

Country : .....

Nationality :

.....

Mobile : .....

Telephone :

.....

Fax : .....

E-mail :

.....

### EVENT FEES (Please indicate (X) in the appropriate box)

<input type="checkbox"/>	Paying - Group Discount - IFSB Member (MYR Rate)	MY
<input type="checkbox"/>	Paying - Group Discount - IFSB Member (USD Rate)	US
<input type="checkbox"/>	Paying - Group Discount - IFSB Member - 50% (MYR Rate)	MY
<input type="checkbox"/>	Paying - Group Discount - IFSB Member - 50% (USD Rate)	US
<input type="checkbox"/>	Paying - Group Discount - Non-IFSB Member	US
<input type="checkbox"/>	Paying - IFSB Member	US
<input type="checkbox"/>	Paying - IFSB Member (MYR Rate)	MY
<input type="checkbox"/>	Paying - Non-IFSB Member	US
<input type="checkbox"/>	Paying - Non-IFSB Member (Early Bird by 6 February 2018)	US

**Only IFSB Member organizations are entitled to member fee. This does not include subsidiaries and affiliated companies of the Member organizations.**

**PAYMENT DETAILS (Please indicate (X) in the appropriate box)**

<input type="checkbox"/>	<b>By CHEQUE</b> payable to <b>Islamic Financial Services Board</b>
<input type="checkbox"/>	<b>By BANK TRANSFER</b> payable to <b>Islamic Financial Services Board</b> Maybank Berhad, Wisma PKNS, Jalan Raja Laut, 50350 Kuala Lumpur, Malaysia <b>Acc No: 764155000012 (US\$ Account Swift Code: MBBEMYKL)</b> <b>Acc No: 564155221194 (MYR Account)</b>

If other than the participant registered above, kindly provide the name and contact details for invoice payment purposes:

Name : ..... Designation :  
.....

Address :  
.....  
(if different from above)

Telephone : ..... Fax : ..... Email :  
.....

**PARTICIPATION DETAILS (Please indicate (X) in the appropriate box)**

**I will be attending the following event(s):**

**CONFIRMATION OF PARTICIPATION**

A letter for Confirmation of Participation will be issued by the IFSB upon receipt of payment of transfer of the Event fees.

Please note that copies of the submitted registration form is not sufficient proof of registration.

**PARTICIPANT'S LOGISTICS**

N/A

**HOTEL RESERVATION**

N/A

**CHANGE OF REGISTRATION DETAILS**

Should there be any changes in your contact information or for further enquiries, kindly contact : Mrs. Ida Shafinaz Ab Malek : [ida.shafinaz@ifsb.org](mailto:ida.shafinaz@ifsb.org) / tel: +6 03 9195 1427

**The completed registration form should be sent to the IFSB Secretariat  
( Attention Mrs. Ida Shafinaz Ab Malek )  
Email : [ida.shafinaz@ifsb.org](mailto:ida.shafinaz@ifsb.org) Fax : +6 03 9195 1405**