The Muhanna Foundation

SOCIAL INSURANCE DIPLOMA PROGRAM REGISTRATION FORM - 2012

Please Print, Sign and Fax to: +961 1 361611 *or email to:* sid@muhanna.org

Sponsoring Organization

Name of Organization	Telephone #	Fax #

Street Address	City, Country

Name of contact person	Position	Email

Participant's Name	Job Title	Email	1	2	3	4	5

Registration Fees

Number of participants from the same organization in the same module	One or two	Three or more
FEES IN US$ PER MODULE /PER PARTICIPANT	1,700	1,500
Amount to be paid US$		

Mode of Payment

Credit Card Type (tick one)			Bank Transfer
( ) VISA	( ) MasterCard	( ) AMEX	The Muhanna Foundation - Audi Bank
Credit Card number			Bliss Branch
Expiry Date			Beirut, Lebanon
Name on Card			Account: 528842 461 002 040 01
Signature			Swift Code: AUDBLBBX