



The Muhanna Foundation

SOCIAL INSURANCE DIPLOMA PROGRAM REGISTRATION FORM

Please Print, Sign and Fax to: +961 1 751292

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	6

Registration Fees

Participants from same company	One	Two or more
Fees in US\$ per module / per participant	2,000	1,800
Early registration Fees	1,800	1,600
Amount to be paid US\$		

Mode of Payment

Credit Card Type (tick one)			Bank Transfer
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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