Registration and Further Information (Please complete this form and send us back via fax or email)



| PERSONAL DETAILS | TRAINING COURSE |
|--|---|
| Please print clearly or attach business card: | ACI Dealing Certificate |
| 1) Name | September $14 - 18,2014$ In order to guarantee a place on the course delegates are kindly |
| Position: | requested to register at least 4 weeks in advance |
| Email: | METHOD OF PAYMENT |
| 2) Name | 1. Please find enclosed a cheque for US\$ made payable to Advance Studies and Training Centre |
| Position: | 2. Transfer : Commercial Bank of Dubai |
| Email: | Branch: Mankhool Street Account Number 10001255334 |
| 3) Name: | Routing Number: 502320103 Swift Code: CBD – UAE. AD 3. Please invoice my institution. |
| Position: | An invoice will be sent to the mentioned institution on receipt of |
| Email: | registration form. Please fill out the sponsor's details below. |
| Company: | CREDIT CARD: |
| Department: | Please Charge my : (Card Type) |
| Address | Card Holder Name |
| Postcode:Country: | Card Number |
| Tel:Fax : | Expiry DateSecurity Code o Amount to be Charge |
| Nature of Business | Tel Mob |
| Company Size: O 1-9 O 10-24 O 25-49 O 50-99 | |
| o 100-249 o 250-499 o 500-999 o 1000+ | Card Holder Signature:Date: |
| SPONSOR We wish to register this delegate for the course indicated above. We | SAVE MONEY! DISCOUNTS AND PROMOTIONS! |
| undertake to pay for the period of the program (please print clearly) | □ Register one month in advance and received up 10% discount. |
| Name: | □ Group of 3 more delegates from the same organization receive a 10% discount |
| Position: Signature: Date: | OR |
| | \Box EREE Attendance for 5 th delegate's from the same organization |
| | FREE Attendance for 5 th delegate's from the same organization |
| REGISTRATION COURSE FEES | FREE Attendance for 5 th delegate's from the same organization TRAINING REGISTRATION DETAILS |
| | TRAINING REGISTRATION DETAILS TERM & CONDITIONS: |
| REGISTRATION COURSE FEES ACI Dealing Certificate | TRAINING REGISTRATION DETAILS |
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5 EASY WAYS TO REGISTER AND OBTAIN FURTHER INFORMATION

1 – Te : +971 4 221 1141 2 - Fax : +971 4 221 1848 3 – P. O Box : 6878, Dubai, UAE 4 – Website : www.astcdubai.com 5 – Email : info@astcdubai.com