



REGISTRATION FORM

PROFESSIONAL DEVELOPMENT PROGRAM

Course title _____

Course date _____

Fees LE US\$

Trainee name _____

Job title _____

Company _____

Tel _____ Mobile _____

E-mail _____

Last course you attended at the Adham center and date

Deposit _____

Acknowledgement of refund policy _____

Signature _____

REFUND POLICY

FULL REFUND: Withdrawal until three days before the start of the course

75 PERCENT REFUND: Withdrawal before the second class

NO REFUND: Withdrawal after the second class