****

**YOUR GUIDE TO STRATEGIC LEADERSHIP**

**REGISTRATION FORM**

**18-22 September 2022**

**Sheraton Cairo Hotel & Casino**

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| **PERSONAL DETAILS** | | | | | | | | **TERMS AND CONDITIONS** |
| **Title**: | **Surname:**  **First name**: | | | | | | | 1. **REGISTRATION:**  * Participants register by e-mail * **Please complete and send this form to:**   [***gulf@settec.org***](mailto:gulf@settec.org) ***copy to*** [***info@settec.org***](mailto:info@settec.org)   * Registration and payment close on ***4th September 2022*** (**unless otherwise arranged**) to allow course preparation logistics.  1. **REGISTRATION FEE PER DELEGATE:**   **4,000 USD** per delegate. For multiple delegates, the fee for the 2nd and subsequent delegates is **$ 3,800** **USD** per delegate.  In addition, each delegate will have :   * ***VIP Meet and Assist Service Cairo Airport*** * ***London Cab from / to Cairo Airport*** * ***Nile Pharaohs Dinner Cruise***  1. **PAYMENT METHODS:**  * **Payment by Bank transfer is payable to:**   **Bank name:** ALEX Bank.  **Bank branch:** The Investment Authority Branch.  **Bank address:** 3 Salah Salem Street - Cairo – Egypt.  **Swift code:** ALEXEGCXXXX  **IBAN:** EG220005104400000144041473002  **Account name:** SETTEC Training & Consultancy Ltd.  **Account number:** 144041473002 (USD)   * All registered delegates will receive an acknowledgement of registration, together with confirmation of payment.  1. **CANCELLATIONS & TRANSFERS:**  * Cancellations by delegates must be made in writing and received two weeks before the seminar. It is regretted that no refunds will be made or invoices cancelled after this date and full registration fee will be payable. Substitutions may be made at any time. * We reserve the right to cancel the event if it is under subscribed of for any other reason. In the event of cancellation we will endeavour to give delegates two weeks’ notice and the fee will be refunded in full. We cannot be held liable for any pre booked travel or accommodation costs. |
| **Cell**: | | **Email**: | | | | | |
| **COMPANY DETAILS** | | | | | | | |
| **Company** **Name**: | | | | | | | |
| **Post** **Address**: | | | | **Physical** **address**: | | | |
| **PAYMENT DETAILS** | | | | | | | |
| Bank  Transfer | | |  | | |  |  |
| **THE INVOICE BE ISSUED TO:** | | | | | | | |
| Company: | | | | | Participant: | | |
| **SPECIFIC REQUIREMENT** | | | | | | | |
| **Participant should specify any special dietary requirements** | | | | | | | |
| **Assistance for disability should be stated** | | | | | | | |
| **Additional** **Notice**: | | | | | | | |

I have read and accept the Terms and Conditions as stipulated above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_