






**YOUR GUIDE TO STRATEGIC LEADERSHIP
REGISTRATION FORM
18-22 September 2022
Sheraton Cairo Hotel & Casino**

PERSONAL DETAILS		TERMS AND CONDITIONS	
Title:	Surname:	1. REGISTRATION: <ul style="list-style-type: none"> Participants register by e-mail Please complete and send this form to: gulf@settec.org copy to info@settec.org Registration and payment close on 4th September 2022 (unless otherwise arranged) to allow course preparation logistics. 2. REGISTRATION FEE PER DELEGATE: 4,000 USD per delegate. For multiple delegates, the fee for the 2 nd and subsequent delegates is \$ 3,800 USD per delegate. <p>In addition, each delegate will have :</p> <p align="center">  VIP Meet and Assist Service Cairo Airport  London Cab from / to Cairo Airport  Nile Pharaohs Dinner Cruise </p>	
Cell:	First name:		
Email:			
COMPANY DETAILS			
Company Name:		3. PAYMENT METHODS: <ul style="list-style-type: none"> 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. 	
Post Address:	Physical address:		
PAYMENT DETAILS			
Bank Transfer		4. CANCELLATIONS & TRANSFERS: <ul style="list-style-type: none"> 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. 	
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: _____