

PLEASE USE BLOCK CAPITALS

First Names: Mr/Mrs/Miss _____

Last Names _____



Address _____

Post Code _____

Telephone (Incl. Area Code) Day _____

Evening _____

Email _____



Profession _____

Name Of Institution _____

Age _____

Permanent Country of Residence _____

Marital Status

Married Single

please tick appropriate box

PLEASE USE BLOCK CAPITALS

If you are accompanied by any member of your family, please complete this section:

Name of Partner _____

Childrens Details

	Name	Age	Boy	Girl
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

please tick appropriate box

THIS SECTION MUST BE FILLED IN

Total number of people attending _____

Total amount enclosed £ _____

(PLEASE MAKE CHEQUES/POSTAL ORDERS PAYABLE TO 'JIMAS')
PLEASE SEND THIS FORM AND ACCOMPANYING PAYMENT TO:
P.O. BOX 24, IPSWICH, SUFFOLK, IP3 8ED. UK

I AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE CONFERENCE

Signed _____ Date _____

CONFERENCE FEES:

Under 5 years _____ FREE
Each individual between the ages of 5 and 10 years old _____ £20.00
Each individual between the ages of 11 and 15 years old _____ £30.00
Each individual over the age of 15 years _____ £40.00

**NOTE: THERE IS VERY LIMITED DISABILITY FACILITIES AVAILABLE
PLEASE ENQUIRE BEFORE APPLYING. ALSO, NO SPECIAL DIETARY
CATERING AVAILABLE**

PLEASE SEND COMPLETED FORMS TO:

P.O. BOX 24
IPSWICH
SUFFOLK
IP3 8ED
U.K.

ORGANISED BY:

JAM'IAT IHYAA' MINHAAJ AL-SUNNAH

FOR OFFICE USE ONLY:

Ticket _____

Registration Ref (RRN) _____

Key Holders Name _____

Date Received _____

Amount Received _____

Balance Due _____

Rooms Allocated _____