Al-Quraan Wa As-Sunnah Society Of New York

(www.albaseerah.org)

ALEE IBN ABI TAALIB EDUCATIONAL SEMINAR

Registration Form Amount Enclosed: (To secure the Seat) $_____

Name (As in the Passport) **First** : _____ Middle_____ **Last** : _____

E-Mail: _____ Alternative Email: _____

Address: _____

City /State/zip code_____ Date of Birth: _____

Tel. # (day) _____ Cellular # _____

Nationality: _____ Spoken Languages: _____

Gender: _____Marital Status: _____ Islamic Knowledge background. _____

Emergency Contact Name/Phone #: _____How did you hear of seminar?_____

List few Islamic websites you visit frequently (daily) _____

Academics (highest grades completed) high school _____College _____

Special Skills and training . _____

Have you read requirements to participate?: _____ and agree to its conditions ?: _____

Local Masjid Name: _____ Masjid Phone # _____

Address: _____Masjid's Web Site_____

Current Dawah Activities: _____ _____

Imaam/Directors name: _____ Tel. # _____

(Please provide names and Tel. of Two known Islamic figures, ***Who know YOU****)*

Name: _____ Years known: _____ Tel. # _____

Name: _____ Years known: _____ Tel. # _____

How many classes would you like to take a day (6, 5, 4) ? __ What topics would you suggest _____

What do you expect to gain from this Seminar? _____

What you plan to do after returning from the Seminar ? _____

Signature: _____ **Date**: _____

ONLY (**75**) students will be accepted.. **First Come-First Serve**

You **must e-mail** this Form to seminar.albaseerah@gmail.com

And submit the **hard copy** of this form with **REGISTRATION fee** $ 499.00 (Money Order/Check)

For Office Use Only

Registration # _____ Application Accepted: Yes/NO

Amount Paid: _____Balance: _____