



REGISTRATION FORM

Lead with IMPACT
Executive Leadership, AI & Strategic Influence
15-19 May, 2026
Istanbul, Turkey

Full Name : _____ Position : _____
Name, as it should appear on certificate : _____
Name of Company : _____ Country : _____
Full Address : _____
Tel. #: - _____ Mobile#: _____ Email: _____

1. **HOTEL ACCOMMODATION BED & BREAKFAST- (please tick ✓)**

Room Type = Smoking Non-smoking
Single (one person) Double / Twin (2 persons)

Special Food: _____

2. **FLIGHT DETAILS.**

Arrival Date : _____ Flight No. : _____ Arrival Time : _____
Departure Date : _____ Flight No. : _____ Departure Time : _____
Visa Required ? : Yes No (if visa is required, please contact us to send you an invitation).
Airport Pick-up ? : Yes No (\$25 USD per person, each way)

3. **Payment mode.**

Cheque: Company name : MCA sarl
 Cash
 Bank Transfer:
Swift: BLOMLBBX
IBAN: LB15001400003102304166241718
Account: MCA SARL
Bank: BLOM
Branch : Ain El Mreisseh, Beirut, Lebanon.

Delegate Signature : _____ Date : _____

Manager Signature : _____ Date : _____

Please send the signed copy to : hassan.chaker@mca-ps.com