



EBI Feedback Form

A. Personal Information *(Optional)*

Name: _____

Title: _____

Institution: _____

B. Program Information *(if applicable)*

Program Name: _____

Program Dates: _____

Program Location: _____

Program Instructor: _____

Program Coordinator: _____

C. Please give a brief description of your feedback/concerns

D. Do you want someone from the EBI staff to contact you Yes No

If yes, please provide your name and contact information to contact you in response:

Telephone: _____ Fax: _____

Email: _____

Mailing Address: _____

Note: If a response is requested, please allow up to 10 working days.

Kindly submit your feedback to your Banks' Training Department upon completion, who will forward it to the Egyptian Banking Institute by means of Fax or e-mail.