



Registration form:

**ACFE International Fraud Awareness Week
17 – 23 November 2019**

FREE EVENT

**Fax to: 086 680 7715 or 012 346 1927 or
e-mail to chantell@acfesa.co.za**

Tick the relevant box for the event you would like to attend:

- | | |
|---------------------------------------|--------------------------|
| Botswana – 18 November 2019 - Yes | <input type="checkbox"/> |
| KZN – 19 November 2019 - Yes | <input type="checkbox"/> |
| Pretoria – 20 November 2019 - Yes | <input type="checkbox"/> |
| Lesotho – 21 November 2019 – Yes | <input type="checkbox"/> |
| Johannesburg - 22 November 2019 - Yes | <input type="checkbox"/> |

DELEGATE 1

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements eg. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ **DATE:** _____ **PLACE:** _____

DELEGATE 2

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 3

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 4

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 5

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 6

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 7

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 8

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 9

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

DELEGATE 10

Please provide the preferred information to appear on your name badge

First (Preferred) Name: _____ Surname: _____

ID No: _____ Vehicle Registration: _____

Position (Job title): _____ Company/Organisation: _____

E-mail Address: _____ Cellular Telephone Number: _____

Designation: CFE Associate Affiliate Member no: _____

Special Requirements e.g. Disabilities / Dietary (please state what arrangements are required): _____

My contact details (e-mail address) may be published on the delegates list for networking purposes Yes No

DELEGATE SIGNATURE: _____ DATE: _____ PLACE: _____

ACFE SA Refund policy:

Please note booking will only be confirmed if payment has been received.

Cancelation policy:

- **2 weeks prior to the event: 50 % Cancelation fee**
- **1 week prior to the event: 100 % Cancelation fee**
- **100% cancellation fee will be charged, if a delegate is a “no show”,**

Substitutions are welcome, however, the ACFE SA needs to be informed promptly - no substitutions allowed 5 days prior to the event.