



## ACFE SA Imbizo: Heads of Forensics: REGISTRATION FORM - 2017

TO REGISTER: fill in this form and send to fax no 012 346 1927 or [janine@acfesa.co.za](mailto:janine@acfesa.co.za).

ENQUIRIES: ACFE SA COMPANY SECRETARIAT (Janine Habig) - TEL: 012 346 1913

### DELEGATE INFORMATION:

(As it should appear on the conference name badge and participants list)

TITLE: Prof.  Dr.  Mr.  Ms.  Other: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

POSITION: (JOB TITLE) \_\_\_\_\_

COMPANY/ ORGANISATION: \_\_\_\_\_

ACFE Member number: \_\_\_\_\_ Designation:  CFE  Associate  Affiliate

Number of fraud examiners in company/department: \_\_\_\_\_

### CONTACT DETAILS

E-mail Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### DIETARY NEEDS:

Please note that a buffet lunch will be served which includes a variety of meat, fish and vegetables.

**However, if you need a specially ordered meal please indicate below:**

Halaal  Kosher  Vegetarian  Other, specify \_\_\_\_\_

### AGENDA

Please indicate any topic(s) of discussion that you would like to be included on the Agenda (time allowing)

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### ACCEPTANCE

DELEGATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

Having signed this application, I acknowledge that I will be held accountable if I accepted the invitation & then fail to inform the related parties about my non-attendance.

Please note the Imbizo is ONLY for the Head of departments. I further understand that the ACFE SA reserve the right on allowing/refusing me to attend this elite function.