

AML/CFT, Anti-Fraud and Financial Crimes Conference

Main Conference: July 10th & 11th, 2017

REGISTRATION FORM

	(Please Print)	
Name to Appear on Badge:		
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Job Title:	E-mail:	
Company:		
Address:		
City/Postal Code:	Country:	
	Fax:	
Physical Disabilities requiring special facilities		
Please specify any food preference/intolerane	ce and allergies:	
Would you like your contact information to b	e included in the delegate mailing list? Yes	No
ACCOM	ODATION INFORMATION	
	ODATION INFORMATION	
Name of Hotel/Private Residence:		
Name of Hotel/Private Residence:		
Name of Hotel/Private Residence: Address: Telephone:	Fax:	
Name of Hotel/Private Residence:Address:	Fax:	
Name of Hotel/Private Residence: Address: Telephone: Arrival Date:	Fax: Departure Date:	
Name of Hotel/Private Residence: Address: Telephone: Arrival Date:	Fax:	
Name of Hotel/Private Residence: Address: Telephone: Arrival Date:	Fax: Departure Date: RENCE REGISTRATION FEE	
Name of Hotel/Private Residence: Address: Telephone: Arrival Date: CONFER 2017 REGIST y Bird Registration	Fax: Departure Date: RENCE REGISTRATION FEE FRATION FEES US\$650.00 - Individual fee US\$635.00 - Group Registration fee per individual (3 or more individuals	AMOUNT

Fees include Conference materials, continental breakfast, refreshment break and lunch for both days, as well as, a Monday night cocktail.

METHOD OF PAYMENT:						
Cheque/Bankers Draft (made payable to	o KAW N	/lanagem	ent Se	ervices Li	id)	
Credit Cards – VISA and MASTERCARD	VISA	MasterCard				
Wire Transfer						

CONTACT INFORMATION:

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Website: www.kawmanagement.com

*Cancellations up to June 09th, 2017 will be refunded in full. All cancellations should be notified in writing. Regrettably, it is not possible to refund fees for cancellations that are received after this date; however, a colleague may be substituted. This should also be notified in writing.