



INTERNATIONAL FORENSIC INVESTIGATION CONFERENCE  
ON 24<sup>TH</sup> – 26<sup>TH</sup> MARCH, 2020. NEW YORK USA



**INDICATION OF INTEREST FORM**

Prof.  Dr.  Chief  Amb.  Alh.  Mr.  Mrs.  Other

NAME: ..... M  F   
Last First Middle

Position/Rank:.....

Office Address:.....

Telephone:.....Email.....

Emergency contact: .....Relationship:.....

Passport Number:.....Date of Issue.....Expiry Date:.....

Place of Issue:.....

Amount Paid.....Date of Payment.....

Currency Paid.....Mode of Payment.....

Country of Paid.....

**INDICATION OF INTEREST FORM**

Please kindly tick your Academic/Professional qualifications as provided below:

HND  BSC  PGD  MSC  PhD  Others

CFE  ANAN  ICAN  CIPFA  CITN  IICFA  CPA  NBA  CIPFA

Complete Conference application form and pay conference payment to the following: Association of Forensic and Investigative Auditors in Nigeria Bank: **Zenith Bank** No. 1014779061 Domiciliary Account: Association of Forensic and Investigative Auditors **Diamond Bank** 0081795757. The payment receipt or tellers should scanned and forwarded to these **email address: info@cifian.org**

**REFUND POLICY**

1. Any cancellation by 31<sup>st</sup> December, 2019, attracts 100% refund.
2. Any cancellation by 31<sup>st</sup> Jan, 2020, attract 80% refund.
3. Any cancellation by 28<sup>th</sup> Feb, 2019, attracts 50% refund.
4. Any cancellation thereafter attracts 0% refund since all cash shall have been used on conference.

**REGISTRATION FEE**

1. Member\_USD 1,900
  2. Member with accommodation – USD 2,600
  3. Non Member- USD 2,300
  4. Non Member with accommodation- USD 3,000
  5. Group Booking (10 and above)- USD 1,700
  6. Group Booking with accommodation USD 2,400
  7. Group Booking of Non- members -USD 2,100
  8. Group Booking of Non – members –USD 2,800
- Late Registration attracts 20% additional payment (from Feb. 1<sup>st</sup>- 24<sup>th</sup> March, 2020)

~~NONE~~ CFIIPN Member ( ) Prospective member ( ) Associate CFIIPN member ( ) CFIIPN Fellow Member ( )

I hereby agree that it is my responsibility to attend the conference session and my inability to attend is none refundable of the paid fee. I am also aware that it is my responsibility to acquire all travelling documentation as required, and I am aware of the need to pre-arrange with hotels before departures from my country of origin. I am aware that certificate will not be issued to me without full participation.

**Participant Signature .....** **Date.....**

Date and Submission.....

Complete  Incomplete

Name.....Signature.....

Complete/Fill the Printed Copy, Scan It and Send It to the These Emil Addresses:

