

This form is interactive when opened in Adobe software. Please complete the relevant fields and select your payment and attendance options.

When complete, please click Submit. An email window should appear to send the form. You will receive confirmation within 24 hours of your registration being received.

YOU CAN ALSO REGISTER ONLINE [www.risk-americas.com](http://www.risk-americas.com) BY TELEPHONE: +1 888 677 7007 OR EMAIL: [info@cefpro.com](mailto:info@cefpro.com)

### PLEASE REGISTER THE FOLLOWING DELEGATE(S)

#### DELEGATE 1

Miss Ms Mrs Mr Dr Other

Name

Position

Organization

Address

Country

Zip/Postal Code

Tel

Fax

E-mail

Signature

**I WILL BE ATTENDING:** Please select your option(s)

MAIN RISK AMERICAS CONVENTION | MAY 17-18

MASTERCLASSES | MAY 16 (Please select)

Stress Testing to CECL ERM

#### DELEGATE 2

Miss Ms Mrs Mr Dr Other

Name

Position

Telephone

E-mail

**I WILL BE ATTENDING:** Please select your option(s)

MAIN RISK AMERICAS CONVENTION | MAY 17-18

MASTERCLASSES | MAY 16 (Please select)

Stress Testing to CECL ERM

#### DELEGATE 3 - 50% OFF (or fifth delegate registers for FREE)

Miss Ms Mrs Mr Dr Other

Name

Position

Telephone

E-mail

**I WILL BE ATTENDING:** Please select your option(s)

MAIN RISK AMERICAS CONVENTION | MAY 17-18

MASTERCLASSES | MAY 16 (Please select)

Stress Testing to CECL ERM

#### DELEGATE 4

Miss Ms Mrs Mr Dr Other

Name

Position

Telephone

E-mail

**I WILL BE ATTENDING:** Please select your option(s)

MAIN RISK AMERICAS CONVENTION | MAY 17-18

MASTERCLASSES | MAY 16 (Please select)

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#### GROUP RATES AVAILABLE FOR 3+ DELEGATES

50% discount on the 3rd delegate registering from the same company, when registering at the same time. Lowest rate discounted. Or fifth registrant goes FREE.

#### DELEGATE 5 FREE

Miss Ms Mrs Mr Dr Other

Name

Position

Telephone

E-mail

**I WILL BE ATTENDING:** Please select your option(s)

MAIN RISK AMERICAS CONVENTION | MAY 17-18

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#### PAYMENT OPTIONS:

Please send me an invoice with check and wire transfer information.

#### CREDIT CARD. PLEASE DEBIT MY:

VISA MASTERCARD AmEx.

Card No. / / /

Expiry Date / CW/Security number

Name of Card Holder

Signature

#### PLEASE CLICK SUBMIT TO COMPLETE

If a draft email window does not open in your email client, please forward this completed form to [info@cefpro.com](mailto:info@cefpro.com)

In all cases payment prior to the event is required. Fee includes attendance at sessions, refreshments and course documentation of registered event. Confirmation: you will receive confirmation and joining instructions from us within 24 hours of registering. If this is not the case, please telephone us to ensure we have received your booking. Please note that credit cards will be debited within 3 days of your registration. Payment must be made within two weeks to ensure that discounted rate is retained. To ensure access to the event, payment must be made prior to the event.

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