

## Event Registration - How to Prevent Fraud within Your Company

Mr./Mrs./Ms. \_\_\_\_\_  
 Name on badge (seminar registrant) \_\_\_\_\_  
 Company \_\_\_\_\_ Position with Company \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Business FAX \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home FAX \_\_\_\_\_  
 Email Address \_\_\_\_\_

- Please provide a CPE Certificate  
 Send me your FREE Current Fraud Alert | Send Correspondence to  Home  Business

Date of Event	Total Attendees	Seminar Fee	Total
Fee Subtotal			
Less Early Registration Discount (call or email for details)			
<b>Total Fee</b>			

Pre-paid events cancelled within 9 days incur a \$200.00 fee; which can be applied one (1) year of original seminar date, towards another registration.

Names of Attendees (Please Print or type)

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
 E-mail \_\_\_\_\_

- Please provide a CPE Certificate

2. Name \_\_\_\_\_ Title \_\_\_\_\_  
 E-mail \_\_\_\_\_

- Please provide a CPE Certificate

3. Name \_\_\_\_\_ Title \_\_\_\_\_  
 E-mail \_\_\_\_\_

- Please provide a CPE Certificate

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Approving Manager

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

- Check or money order enclosed (Payable to Rogers, Lynch & Associates LLC)

- Bill Me. Payment is due 10 days prior to seminar.

We do not accept credit cards nor will we ask for your credit card number.

All events and products are 100% satisfaction guaranteed.



Certified Public Accountants - Certified Fraud Examiners  
 Certified Forensic Accountants - Management Consultants  
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