



Association of Certified Fraud Examiners

### ACFE 2017 Event Planning Form

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What seminars would your membership like to see the ACFE offer in your area? (See [ACFE.com/Seminars](http://ACFE.com/Seminars) for the list of seminars.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please indicate recommendations for hotel/training facilities. If your chapter has a primary contact at the facility, please indicate the person's name and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please indicate the top three preferred dates/months for training. If there are particular dates the ACFE should NOT hold training please indicate this as well.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Dates to Avoid: \_\_\_\_\_

Please indicate when you hold your chapter meetings and any trainings or conferences you have scheduled.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form by April 4 to  
 Eliece Pool at [EPool@ACFE.com](mailto:EPool@ACFE.com)  
 Tel: +1 (512) 478-9000  
 Fax: +1 (512) 478-1444