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## CERTIFIED INFORMATION SYSTEMS AUDITOR (CISA)

**(6 – 10 MAY, 2019)**

## [Registration Form]

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| --- |
| PARTICIPANT’S PERSONAL DETAILS |
| |  |  |  |  | | --- | --- | --- | --- | | **Full Name:** |  |  |  | |  | Surname | First | Other | | | Address: |  |  |  | | |  | Address |  |  | | |  |  |  |  | | | City | Municipality | Region | | | Nationality |  | Country of Residence: |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | National ID: |  |  |  |  | | ID No./Ref: |  |  |  |  | | Email Address: |  |  |  |  | | Contact Number: |  |  |  |  | |
| |  |  | | --- | --- | |  |  | |
| PROFESSIONAL BACKGROUND |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Organization: |  | | | | | | Sector: |  | | | | | | Position: |  | | | | | | Organization’s Address: |  | | | | | | Organization’s Telephone: | | ( ) | Organization’s Website: |  | | Organization’s Reference Contact Person: | |  | | | |  | | | EDUCATIONAL BACKGROUND | | | | |  Educational Level (Please tick) |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | PHD |  | MSc |  | MPhil | |  | BSc |  | Diploma/Certificate | Other | | MPhil | |
| |  |  | | --- | --- | | Please Specify if Other: |  | | Name of Institution(s): |  | |
| |  |  | | --- | --- | | Area of Expertise / Specialization: |  | |

|  |
| --- |
| SUBMISSION OF REGISTRATION FORM |

Completed registration form should be submitted to:

**E-CRIME BUREAU:**

**Postal Address:** P.O. Box DT 2703, Adenta-Accra.

**Phone:** 0302999981/0501304836/0501436340

**Email:** [training@e-crimebureau.com](mailto:training@e-crimebureau.com)

**KAIPTC:**

**Postal Address:** P.O. Box PMB CT 210, Cantonments-Accra.

**Phone:** 0302718200/0206752054

**Email:** [margaret.sosuh@kaiptc.org](mailto:margaret.sosuh@kaiptc.org)

**Course Terms & Conditions**

1. **Registration:**

Full payment is required before registration can be confirmed and all payments must be received at least 5 working days prior to the start of the training programme.

1. **Delegate Cancellations:**

Each registered participant has the right to withdraw from the training programme. However, this will attract administrative charges. Cancellation requests should be sent in writing not less than 5 working days before the start of the training programme.

1. **Payment:**

Training participant’s full name should be used as payment reference in all bank payments and transfers. The training cost is VAT/NHIS exclusive. Payment details will be made available to you after submission of registration form.

1. **Background Checks & Vetting**

Background checks and vetting could be conducted on prospective participants in order to confirm details provided and also to obtain security clearance for participation in the programme.

1. **Travel & Accommodation – International Participants**

International participants are responsible for their own travel and accommodation. However, KAIPTC provides accommodation, airport pickup and other support services for international participants at a fee.

1. **Training Package:**

The training package covers tuition, training materials, course certificate, lunch, and snack.