

Canadian Anti-Money Laundering Institute

February 4 - 5, 2014

Delta Regina,
Regina, SK



Maximum 40
Participants

Reserve your
place today!



www.camli.org

629 St. Lawrence Street
PO Box 427
Merrickville, ON
K0G 1N0

Phone: 613-269-2619
Fax: 613-526-9384
contactus@camli.org

The Three R's of Suspicious Transactions: Recognize, Review & Report

Sharpening the Compliance Officer's Skills for Dealing with Suspicious Transactions

This workshop has been designed to respond to the on-going challenges facing reporting entities, particularly the AML compliance officers tasked with managing the identification and reporting of transactions suspicious of money laundering and/or terrorist financing.



Event Information

Dates: February 4 - 5, 2014

Location: Delta Regina, Regina, SK
[Click here](#) for hotel reservations

Cost:

Full Rate - \$1150 plus 5% GST

Early Bird Rates - \$1050 plus 5% GST

* current CAMLI members will receive a \$75 savings on the above pricing.

Includes:

- Breakfast, lunch, and coffee breaks each day
- Any required course materials

Workshop Schedule for Tuesday

8:00 to 8:30	Registration and Breakfast
10:00 to 10:30	Nutrition Break
8:30 to 12:00	Session
12:00 - 13:00	Lunch (Provided)
13:00-14:30	Session
14:30 - 15:00	Nutrition Break
13:00 - 16:30	Session

Workshop Schedule for Wednesday

8:00-8:30	Breakfast
10:00-10:30	Nutrition Break
8:30-12:00	Session
12:00-1:00	Lunch (Provided)

CAMLI Suspicious Transactions Seminar

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Regina, SK**

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Company Name	
Delegate Name	
Email Address	
Company Address and Postal Code	
Phone Number	
Fax Number	

Food Allergies? If yes, please specify

Register Via:

On-line Registration

Phone, Fax, Email, or Mail

- Cheque Enclosed
 Money Order Enclosed
 Credit Card

CAMLI Membership # _____

*If applicable

	Full Registration \$1150+ 5% GST Full Payment due prior to Jan 31, 2014	Early Bird Rate \$1050 + 5% GST Full Payment due prior to Nov 30, 2013
CAMLI member	\$1128.75	\$1023.75
Regular Delegate	\$1207.50	\$1102.50

Cancellations - Refunds, less an administrative fee of \$200.00, will be made for cancellations received in writing by Dec 20th, 2013. No refunds will be given after that date but delegate substitutions are permitted up to and including January 31, 2014.

- Amount Authorized _____ [Please Print]
- Card Type: MasterCard VISA American Express Discover
- Name on Card: _____
- Number on Card: _____
- Billing Address: _____
- Expiry Date (month/year): _____
- Signature: _____