

SPEAKER AGREEMENT, CONFIRMATION AND RECORDING AUTHORIZATION FORM

Please complete the form, save it as a new PDF and send the PDF to the conference coordinator.

Speaker Confirmation Form

The following requested information will be included in our internal ACAMS Contributor Directory. Your full name, title/position and company will be included in conference materials and on your name badge. Please refrain from using abbreviations and ensure acronyms are spelled out.

First Name:

Last Name:

Title/Position:

Company:

Street Address:

City, State and Postal Code (if applicable):

Country:

Office Phone Number:

Mobile Number (needed in case of on-site emergencies):

Email:

Fax:

Administrative Assistant Name:

Admin Email:

Admin Phone:

The following information will be included in our internal contributor directory, which is used when selecting speakers and moderators for specific sessions for future events.

Region:

- United States
- Asia/Pacific
- Canada

- Caribbean
- Europe
- Latin America

- Middle East/Africa

Which language(s) can you give business presentations? Check all that apply.

- | | | |
|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> German | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: |

What industries/professions can you represent at an ACAMS program? Check all that apply.

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Private Bank | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Correspondent Bank | <input type="checkbox"/> CPA/Accounting | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Casino/Gaming | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other: |
| <input type="checkbox"/> MSB | <input type="checkbox"/> Consultant/Advisory Firm | |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Software/Technology | |
| <input type="checkbox"/> Securities/Investment Firm | <input type="checkbox"/> Government (Regulator) | |

Which of these topics can you cover at an ACAMS program? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> AML | <input type="checkbox"/> Cyber | <input type="checkbox"/> SARs/STRs |
| <input type="checkbox"/> Overall | <input type="checkbox"/> KYC/CDD | <input type="checkbox"/> Anti-Bribery/Corruption Tax |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Transaction Monitoring | <input type="checkbox"/> Evasion Ethics/ Government |
| <input type="checkbox"/> TBML | <input type="checkbox"/> CTF | <input type="checkbox"/> Audit/Examinations |
| <input type="checkbox"/> Chief AML | <input type="checkbox"/> Sanctions | <input type="checkbox"/> Risk Assessment |
| <input type="checkbox"/> FinTech/RegTech | <input type="checkbox"/> Investigations | <input type="checkbox"/> Virtual Currency |

I grant ACAMS permission to use my image, voice, likeness, performance and comments in social media – for use in any of its programs or publications in conventional and electronic media, with or without use of my name. ACAMS has permission to edit, exhibit, give, sell, transfer, publish, copyright, or use the finished pictures, recording or speaking engagement or any portion thereof, sound, or any portion thereof, in any way they may deem proper. I waive any right to inspect or approve the finished product wherein it appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image, voice, performance and comments in social media. By signing this Agreement I represent and warrant that I am not violating any agreement I may have with a third party.

Social media handles:

Instagram: _____ Facebook: _____

Twitter: _____ LinkedIn: _____

I accept the invitation to participate as a speaker at ACAMS events. I understand my responsibilities, which include participating in session planning calls, preparing my presentation on the conference PowerPoint template, participating in networking events at the conference, and arranging and confirming my travel in accordance with the travel reimbursement policy (if applicable). I acknowledge that the requested documentation for reimbursement must be submitted no later than 60 days post the event.

I understand ACAMS may record my session(s) at the conference, as audio, video, and/or photographic images. Those recordings, plus any materials I provide or contribute to, become the property of ACAMS. ACAMS may make that material available via live broadcast, post-conference on our websites, and/or reworked into other lengths and formats for use by ACAMS.

I represent and warrant that any materials provided for presentation and/or distribution at the event are either (a) my own original work requiring no third party's permission to copy and/or distribute at the event or re-print, or (b) are materials for which I have obtained legally effective written licenses or permissions from all third parties who own or have exclusive rights to all or any portion of the materials for me or ACAMS to copy and/or distribute at the event or for ACAMS to re-print. I am responsible for procuring, at my own expense, any necessary permission for materials prior to use at the event. I agree to provide ACAMS with all such permissions upon request and to indemnify ACAMS for damages and expenses arising from any third-party infringement claim resulting from my failure to obtain all necessary permissions.

I understand that sessions may be attended by members of the media.

Type full name here as digital signature: _____

Date: _____