

NAME _____
(please type or print)

1. Please fill out your demographic information

Thank you for taking a moment to share your demographic information with SCCE. It will help us create better networking opportunities for you.

What is your functional job title? Please select one.

- | | |
|--|---|
| <input type="checkbox"/> Academic/Professor | <input type="checkbox"/> Compliance Officer |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Compliance Specialist |
| <input type="checkbox"/> Analyst | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Asst Compliance Officer | <input type="checkbox"/> Controller |
| <input type="checkbox"/> Attorney (In-House Counsel) | <input type="checkbox"/> Corporate Responsibility & Performance |
| <input type="checkbox"/> Attorney (Outside Counsel) | <input type="checkbox"/> Ethics & Integrity Officer |
| <input type="checkbox"/> Audit Analyst | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Audit Manager/Officer | <input type="checkbox"/> General Corporate Counsel |
| <input type="checkbox"/> Billing Manager/Officer | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Charger Master | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Chief Compliance Officer | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Privacy Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> President |
| <input type="checkbox"/> Chief Information Officer | <input type="checkbox"/> Quality Assurance |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Regulatory Affairs |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Reimbursement Coordinator |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Coder | <input type="checkbox"/> Security/Services Technology |
| <input type="checkbox"/> Compliance Analyst | <input type="checkbox"/> Trainer/Educator |
| <input type="checkbox"/> Compliance Coordinator | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Compliance Director | <input type="checkbox"/> Other (please indicate below) |
| <input type="checkbox"/> Compliance Fraud Examiner | |

List others not listed here: _____

What certifications do you hold? Select all that apply.

- | | | | | |
|---------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ACHE | <input type="checkbox"/> CCS-P | <input type="checkbox"/> CIPP | <input type="checkbox"/> LLM | <input type="checkbox"/> PCI |
| <input type="checkbox"/> AIC | <input type="checkbox"/> CEM | <input type="checkbox"/> CPA | <input type="checkbox"/> MA | <input type="checkbox"/> PhD |
| <input type="checkbox"/> APA | <input type="checkbox"/> CFE | <input type="checkbox"/> CPC | <input type="checkbox"/> MBA | <input type="checkbox"/> PMP |
| <input type="checkbox"/> BA | <input type="checkbox"/> CGMS | <input type="checkbox"/> CPHQ | <input type="checkbox"/> MHA | <input type="checkbox"/> RHIA |
| <input type="checkbox"/> BBA | <input type="checkbox"/> CHC | <input type="checkbox"/> CUSECO | <input type="checkbox"/> MPA | <input type="checkbox"/> RHIT |
| <input type="checkbox"/> BS | <input type="checkbox"/> CHE | <input type="checkbox"/> DDS | <input type="checkbox"/> MPH | <input type="checkbox"/> RN |
| <input type="checkbox"/> BSN | <input type="checkbox"/> CHP | <input type="checkbox"/> ESQ | <input type="checkbox"/> MS | <input type="checkbox"/> SADR |
| <input type="checkbox"/> CAMS | <input type="checkbox"/> CHPC | <input type="checkbox"/> FCA | <input type="checkbox"/> MSHA | <input type="checkbox"/> SCLA |
| <input type="checkbox"/> CCEP | <input type="checkbox"/> CHRC | <input type="checkbox"/> FHFMA | <input type="checkbox"/> MSN | |
| <input type="checkbox"/> CCEP-I | <input type="checkbox"/> CIA | <input type="checkbox"/> ISS | <input type="checkbox"/> MT | |
| <input type="checkbox"/> CCS | <input type="checkbox"/> CIP | <input type="checkbox"/> JD | <input type="checkbox"/> NHA | |

List others not listed here: _____

What best describes the industry you work for? Please select one.

- | | |
|---|--|
| <input type="checkbox"/> Accounting/Auditing | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Hospitality/Tourism |
| <input type="checkbox"/> Advertising/Marketing/Public Relations | <input type="checkbox"/> Human Resources/Recruiting |
| <input type="checkbox"/> Aerospace/Aviation/Defense | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Installation/Maintenance/Repair |
| <input type="checkbox"/> Airlines | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Internet/E-Commerce |
| <input type="checkbox"/> Arts/Entertainment/Media | <input type="checkbox"/> Law Enforcement/Security Services |
| <input type="checkbox"/> Automotive/Motor Vehicles/Parts | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Manufacturing and Production |
| <input type="checkbox"/> Biotechnical and Pharmaceutical | <input type="checkbox"/> Military |
| <input type="checkbox"/> Chemical/Polymers/Fibers | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> Operations Management |
| <input type="checkbox"/> Computer Services | <input type="checkbox"/> Personal Care and Service |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Publishing/Printing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Real Estate/Mortgage |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Customer Service/Call Center | <input type="checkbox"/> Restaurant and Food Service |
| <input type="checkbox"/> Education/Training/Library | <input type="checkbox"/> Retail/Wholesale |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Science |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Sports and Recreation/Fitness |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Supply Chain/Logistics |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Finance/Economics | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Forest Products | <input type="checkbox"/> Transportation/Warehousing |
| <input type="checkbox"/> Government/Policy | <input type="checkbox"/> Veterinary Services |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Utilities |
| | <input type="checkbox"/> Waste Management Services |
| | <input type="checkbox"/> Other (please indicate below) |

List others not listed here: _____

Are you a first-time attendee of this conference?

- This is my first Compliance & Ethics Institute

Registration continues on next page (over)

Registration

2. Please type or print your contact information

Mr. Mrs. Ms. Dr.

Member ID _____

First Name _____ MI _____

Last Name _____

Credentials _____

Email (Required for confirmation and conference information) _____

Job Title _____

Name of Employer _____

Street Address _____

City/Town _____

State/Province/Country _____ Zip/Postal Code _____

Phone _____ Fax _____

3. Select your sessions Please select ONE session per time slot.

Advanced Discussion Groups are not listed below because they will be filled on a first-come, first-served basis. Attendance is limited to the first 50 attendees.

SUNDAY, OCT 15 PRE-CONFERENCE	MONDAY, OCT 16	TUESDAY, OCT 17
O Professional Skills Development* 9:00 AM–4:30 PM Breakouts 9 AM–12 PM OP1 OP2 OP3 OP4 OP5 OP6 OP7 OP8 OP9 Breakouts 1:30–4:30 PM OP10 OP11 OP12 OP13 OP14 OP15 OP16 OP17 OP18 OP19	O Group Fitness* 6:30–7:30 AM Breakouts 11 AM–12 PM O101 O102 O103 O104 O105 O106 O107 O108 O109 Breakouts 1:30–2:30 PM O201 O202 O203 O204 O205 O206 O207 O208 Breakouts 3–4 PM O301 O302 O303 O304 O305 O306 O307 O308 O309 Breakouts 4:30–5:30 PM O401 O402 O403 O404 O405 O406 O407 O408	O Group Fitness* 6:30–7:30 AM Breakouts 11 AM–12 PM O501 O502 O503 O504 O505 O506 O507 O508 Breakouts 1:30–2:30 PM O601 O602 O603 O604 O605 O606 O607 O608 Breakouts 3:45–4:45 PM O801 O802 O803 O804 O805 O806 O807 O808

ADDITIONAL NETWORKING OPPORTUNITIES

- SATURDAY, OCTOBER 14**
Volunteer Project*
- MONDAY, OCTOBER 16**
International Compliance & Ethics Awards Dinner* 7:00–9:00 PM (FREE)
This is a ticketed event. You will receive your ticket upon checking into the conference onsite.

SPEEDNETWORKING and **SPEEDMENTORING** require a separate registration form. Please see website for details and to sign up.

*PRE-REGISTRATION REQUIRED

4. Choose your registration options

- (Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.)*
- | | | |
|---|--------------|---------|
| <input type="checkbox"/> SCCE Members Monday/Tuesday..... | \$1,149..... | \$1,199 |
| <input type="checkbox"/> Non-Members: Monday/Tuesday..... | \$1,399..... | \$1,449 |
| <input type="checkbox"/> New Membership & Registration* Monday/Tuesday..... | \$1,349..... | \$1,399 |
| <input type="checkbox"/> Pre-Conference: Sunday Morning..... | \$175..... | \$175 |
| <input type="checkbox"/> Pre-Conference: Sunday Afternoon..... | \$175..... | \$175 |
| <input type="checkbox"/> Post-Conference: Wednesday..... | \$175..... | \$175 |
| <input type="checkbox"/> Discount: 5 or more from same company..... | (\$100)..... | (\$100) |
| <input type="checkbox"/> Discount: 10 or more from same company..... | (\$150)..... | (\$150) |
- on/before 10/1/17 after 10/1/17

*New members only. (Dues regularly \$295 annually)

TOTAL \$ _____

Special Request for Dietary Accommodation

Gluten Free Vegetarian Vegan Kosher Style (no shellfish, pork or meat/dairy mixed)

Kosher (Hechsher certified) Other _____

5. Choose your payment method

- INVOICE ME** **BY MAIL:** Enclose application and check payable to SCCE:
SCCE 6500 Barrie Road, Suite 250, Minneapolis, MN 55435
- BY FAX:** +1 952 988 0146 – I authorize SCCE to charge my credit card

Due to PCI Compliance, **please DO NOT provide any credit card information via email.** You may email the application (without credit card information) and call SCCE at +1 952 933 4977 or 888 277 4977 with the credit card information.

CREDIT CARD: AmericanExpress MasterCard Visa Discover

Credit Card Account Number _____

Credit Card Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

CEI2017

Use of your information – To find out how we may use your information please read our Privacy Statement at corporatecompliance.org/privacy.aspx. By submitting this registration form you agree to the terms and conditions, including the use of your information as stated on page 35.