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.

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

List others not listed here: _____

_____

_____

What certifications do you hold? Select all that apply.

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

List others not listed here: _____

_____

_____

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

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

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

○ Professional Skills Development*
9:00 AM–4:30 PM

Breakouts
9 AM–12 PM
○ P1
○ P2
○ P3
○ P4
○ P5
○ P6
○ P7
○ P8
○ P9

Breakouts
1:30–4:30 PM
○ P10
○ P11
○ P12
○ P13
○ P14
○ P15
○ P16
○ P17
○ P18
○ P19

MONDAY, OCT 16

○ Group Fitness*
6:30–7:30 AM

Breakouts 11 AM–12 PM	Breakouts 3–4 PM
○ 101	○ 301
○ 102	○ 302
○ 103	○ 303
○ 104	○ 304
○ 105	○ 305
○ 106	○ 306
○ 107	○ 307
○ 108	○ 308

Breakouts 1:30–2:30 PM	Breakouts 4:30–5:30 PM
○ 201	○ 401
○ 202	○ 402
○ 203	○ 403
○ 204	○ 404
○ 205	○ 405
○ 206	○ 406
○ 207	○ 407
○ 208	○ 408

TUESDAY, OCT 17

○ Group Fitness*
6:30–7:30 AM

Breakouts 11 AM–12 PM	Breakouts 2:30–3:30 PM
○ 501	○ 701
○ 502	○ 702
○ 503	○ 703
○ 504	○ 704
○ 505	○ 705
○ 506	○ 706
○ 507	○ 707
○ 508	○ 708

Breakouts 1:30–2:30 PM	Breakouts 3:45–4:45 PM
○ 601	○ 801
○ 602	○ 802
○ 603	○ 803
○ 604	○ 804
○ 605	○ 805
○ 606	○ 806
○ 607	○ 807
○ 608	○ 808

WEDNESDAY, OCT 18
POST-CONFERENCE

Breakouts 8–9:45 AM	Breakouts 10–11:45 AM
○ W1	○ W9
○ W2	○ W10
○ W3	○ W11
○ W4	○ W12
○ W5	○ W13
○ W6	○ W14
○ W7	○ W15
○ W8	○ W16

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.)

Prices listed reflect savings

	on/before 6/5/17	on/before 10/1/17	after 10/1/17
☐ SCCE Members Monday/Tuesday	$1,099	$1,149	$1,199
☐ Non-Members: Monday/Tuesday	$1,349	$1,399	$1,449
☐ New Membership & Registration* Monday/Tuesday	$1,299	$1,349	$1,399
☐ Pre-Conference: Sunday Morning	FREE**	$175	$175
☐ Pre-Conference: Sunday Afternoon	FREE**	$175	$175
☐ Post-Conference: Wednesday	FREE**	$175	$175
☐ Discount: 5 or more from same company	($100)	($100)	($100)
☐ Discount: 10 or more from same company	($150)	($150)	($150)

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

**Free with full conference registration booked on or before June 5, 2017.

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

By submitting this registration form you agree to the terms and conditions, including the use of your information as stated on page 33, and our Privacy Statement located at www.corporatecompliance.org/privacy.aspx.