

PROSPECTUS

SEPTEMBER 12-15, 2010
CHICAGO, ILLINOIS | SWISSÔTEL CHICAGO

Contact Information (please print)

Mr. Mrs. Ms. Dr.

Contact Person _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

E-mail _____

Authorized Signature _____

Sponsorship Opportunities

- General Session Lunch on Monday\$10,000
- General Session Lunch on Tuesday\$7,500
- Seated Massage Station\$8,000
- Tote Bags\$8,000
- Internet Stations.....\$8,000
- Exhibit Hall Reception on Monday\$6,000
- Exhibit Hall Reception on Sunday.....\$4,000
- Refreshment Break Monday.....\$6,000
- Folios.....\$6,000
- Conference Presentations CD\$6,000
- Continental Breakfast on Monday.....\$5,000
- Continental Breakfast on Tuesday.....\$5,000
- Notepads\$5,000
- Water Bottles.....\$5,000
- Hotel Key Cards.....\$5,000
- Badge Holder Lanyards.....\$5,000
- Calculators.....\$4,500
- Volunteer Project\$4,500
- Refreshment Break Tuesday\$4,000
- Session Room Signage\$4,000

Cost \$ _____

Advertisements

Conference Brochure

_____ (see rate sheet, page 5) Cost \$ _____

Program at a Glance

_____ (see rate sheet, page 5) Cost \$ _____

Attendee Tote Bag Insert
(\$1,500)

Cost \$ _____

TOTAL \$ _____

Booth Rental

- 10' x 10' booth _____ @ \$1,995 \$ _____
- Corner premium booth _____ @ \$2,195 \$ _____
- 20' x 20' booth _____ @ \$7,980 \$ _____
- Add'l exhibit staff badges* _____ @ \$350 \$ _____
(allows access to exhibit hall only)

*You will be asked to provide the names and contact information of exhibit staff for the staff badges and registration using forms that will be included in your exhibitor kit.

Booth choice (see floor plan for location numbers):

1st choice: _____ 2nd choice: _____ 3rd choice: _____

4th choice: _____ 5th choice: _____ 6th choice: _____

Please list any companies you would rather not be near (refer to the list of previous exhibitors on page 3 of this brochure, or visit www.complianceethicsinstitute.org for an ongoing list):

Billing Information

Total Amount \$ _____

Check enclosed

Charge my credit card: AMEX Visa MC

Credit Card Account Number _____

Credit Card Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

50% deposit is required for all booth rentals. Balance must be paid in full by August 23, 2010. Cancellation fee for exhibit space is \$1,000 if cancelled before August 23, 2010. No refunds will be made after this date. Exhibitor fees are non-refundable.

Please initial and date here that you have read and understand the Cancellation and Refund Policy _____ / _____
INITIALS DATE

Make check payable to:

Society of Corporate Compliance and Ethics

Please return completed form with payment and company description:

ATTN: Lizza Catalano
Society of Corporate Compliance and Ethics
6500 Barrie Road, Suite 250, Minneapolis, MN 55435, United States
+1 952 933 4977 or 888 277 4977 | Fax: +1 952 988 0146

E-mail your 75-word company description to Lizza Catalano at lizza.catalano@corporatecompliance.org

Code: CEI10

Tax ID Number 23-2882664