

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

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)

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 _____

Special Request for Dietary Accommodation

Gluten Free Vegetarian Vegan

Kosher Style (no shellfish, pork or meat/dairy mixed)

Kosher (Hechsher certified)

Other _____

Ways to Register

MAIL Include registration form with check payable to: SCCE, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435, United States

ONLINE Visit www.complianceethicsinstitute.org

FAX Include billing information and fax to +1 952 988 0146

QUESTIONS? Call +1 952 933 4977 or 888 277 4977 or email help@corporatecompliance.org

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.

3. Choose your registration options

(Registration fees are as listed and considered net of any local withholding taxes applicable in your country of residence.)

	on/before 10/1/18	after 10/1/18
<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)

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

TOTAL \$ _____

4. 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: American Express MasterCard Visa Discover

Credit Card Account Number _____

Credit Card Expiration Date _____

Cardholder Name _____

Cardholder Signature _____