

Register Now

COMPLIANCEETHICSINSTITUTE.ORG

TO SAVE UP TO
\$575

Register on or before June 5, 2018

*JOIN US IN 2018 TO EXPERIENCE THE NEW
CONFERENCE FORMAT, A NEW TRACK
AND STAY CURRENT ON COMPLIANCE
SOLUTIONS AND RESOURCES.*

17th Annual Society of Corporate Compliance and Ethics

**2018 COMPLIANCE
& ETHICS INSTITUTE**

OCTOBER 21-24, 2018 | LAS VEGAS, NV



SCCE

1. CONTACT INFORMATION (Please type or print)

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 _____

TERMS & CONDITIONS

USE OF INFORMATION: Your information may be received by exhibitors at a conference as well as our affiliates and partners who we may share it with for marketing purposes. Please note that only postal address information is shared. If you wish to opt-out, please follow the process set out in the Privacy Statement.

CANCELLATIONS/SUBSTITUTIONS: You may send a substitute in your place or request a conference credit. Refunds will not be issued. Conference credits are issued in the full amount of the registration fees paid, and will expire 12 months from the date of the original, cancelled event. Conference credits may be used toward any SCCE service or product. If a credit is applied toward an event, the event must take place prior to the credit's expiration date. If you need to cancel your participation, notification is required by email, sent to help@corporatecompliance.org, prior to the start date of the event. Please note that if you are sending a substitute, an additional fee may apply.

AGREEMENTS & ACKNOWLEDGEMENTS: I agree and acknowledge that I am undertaking participation in SCCE events and activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and assert that I am, as a result, able to participate in SCCE events, and I do hereby assume responsibility for my own well-being. I agree and acknowledge that SCCE plans to take photographs and/or video at the SCCE Compliance and Ethics Institute and reproduce them in SCCE educational, news, or promotional material, whether in print, electronic, or other media, including the SCCE website. By participating in the SCCE Compliance and Ethics Institute, I grant SCCE the right to use my name, photograph, video, and biography for such purposes. As a participant of this event, your name, job title, organization, city, state, and country will be listed on the attendee list that will be distributed to attendees, speakers, and exhibitors of this event.

2. 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 6/5/18 on/before 10/1/18 after 10/1/18

<input type="checkbox"/> SCCE Members Monday/Tuesday	\$1,099	\$1,149	\$1,199
<input type="checkbox"/> Non-Members Monday/Tuesday	\$1,349	\$1,399	\$1,449
<input type="checkbox"/> New Membership & Registration*	\$1,299	\$1,349	\$1,399
<input type="checkbox"/> Pre-Conference: Sunday Morning	FREE**	\$175	\$175
<input type="checkbox"/> Pre-Conference: Sunday Afternoon	FREE**	\$175	\$175
<input type="checkbox"/> Post-Conference: Wednesday	FREE**	\$175	\$175
<input type="checkbox"/> Discount: 5 or more from same company	(\$100)	(\$100)	(\$100)
<input type="checkbox"/> Discount: 10 or more from same company	(\$150)	(\$150)	(\$150)

* First-time members only. (Dues regularly \$295 annually.)

** Free only with paid Monday & Tuesday conference registration.

TOTAL \$ _____

SPECIAL REQUEST FOR DIETARY ACCOMMODATION

- Gluten Free Vegetarian Vegan Kosher Style (no shellfish, pork or meat/dairy mixed)
 Kosher (Hechsher certified) Other _____

3. 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 registration (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 _____

CEI2018

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 in our Privacy Statement and Terms & Conditions.