

Compliance, Ethics, and Organizational Culture

August 4, 2022 • Virtual • Central Daylight Time (CDT)

SECTION 1 Contact Information

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other _____ Member/Account ID (if known/applicable) _____

First Name _____ MI _____ Last Name _____

Credentials (CHC, CCEP, etc.) _____ Job Title _____

Organization (name of employer) _____

Street Address _____ City/Town _____

State/Province _____ Zip/Postal Code _____ Country _____

Work Phone _____ Email (required) _____

SECTION 2 Fees

Conference Attendees

<input type="checkbox"/> Members	\$99
<input type="checkbox"/> Non-members	\$129

Non-Conference Participants

<input type="checkbox"/> Members	\$179
<input type="checkbox"/> Non-members	\$229

TOTAL \$ _____

Sessions Recorded

- Haute Culture: The Case for Human-Centered Compliance and Normalizing Culture Reviews
- Building a Culture of Integrity and Speaking Up: The Strategic Benefits of Encouraging Psychological Safety
- Mitigating the Effects of Unconscious Bias on Organizational Cultures
- Measuring Ethical Culture in a Remote Environment
- Diagnosing Your Culture Through Behavioral Science: Why It Is the Best Way to Assess Cultural Risk
- Fostering Ethical Culture in a Decentralized and Rapidly Transforming Global Organization
- Removing the Negativity and Stigma of Speaking Up by Creating a Safe Organizational Culture for Raising Internal Concerns

SECTION 3 Payment

Learn more about this event at corporatecompliance.org/2022culture

Mail to SCCE, 6462 City West Parkway, Eden Prairie, MN 55344 USA Fax to +1 952.988.0146

Email to helpteam@corporatecompliance.org — Due to PCI compliance, do not provide credit card information via email.

Email this form without credit card information, then call SCCE at +1 952.933.4977 or 888.277.4977 with your payment.

- ☐ Check enclosed (payable to SCCE)
☐ Wire transfer requested
☐ I authorize SCCE to charge my credit card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Account Number _____ Expiration Date _____

Cardholder Name _____ Cardholder Signature _____

Billing Address _____ Billing Zip/Postal Code _____

SECTION 4 Acknowledgements

By submitting this form, you agree to the full Terms and Conditions, viewable at corporatecompliance.org/conference/tandc, including the use of your information. To see the full use of your information or if you wish to opt-out, visit corporatecompliance.org/privacy.

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Session availability is subject to change. Not all sessions may be recorded. If a session does not appear on the list, a recording of it may not be available. Please call +1 952.933.4977 or 888.277.4977 or email helpteam@corporatecompliance.org with any questions.