

# Session Recordings

Leading an Effective Ethics and Compliance Ambassadors Program • October 14, 2021 • Virtual

## Contact Information

Mr  Mrs  Ms  Dr

Member/Account ID (if known)

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)

## Acknowledgements

By submitting this registration, you agree to the full Terms and Conditions, including the use of your information, viewable at [corporatecompliance.org/2021complianceambassadorprogram](http://corporatecompliance.org/2021complianceambassadorprogram).

Once your order is processed, you will be emailed a link to access the recordings. To access the recordings and speaker handouts, you will need an internet connection.

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## Conference Attendees

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

## Non-Attendees

<input type="checkbox"/>	Members	\$155
<input type="checkbox"/>	Non-Members	\$195

TOTAL \$ \_\_\_\_\_

## Recorded Conference Sessions

Successfully Navigating the Changing Landscape for Ambassador Programs

Optimizing the Structure of Your Program to Maximize Effectiveness

Recruiting and Training Your Ambassadors: It's All About the People

Inspiring, Sustaining, and Expanding the Network in the Medium and Long Term:  
Building in Continuous Improvement

Communicating with the Wider Workforce

Metrics and Assessing Your Program's Effectiveness

## Payment

**Online** at [corporatecompliance.org/2021complianceambassadorprogram](http://corporatecompliance.org/2021complianceambassadorprogram)

**Mail** form to SCCE, 6462 City West Parkway, Eden Prairie, MN 55344 USA

**Fax** form to +1 952.988.0146

**Email** form to [helpteam@corporatecompliance.org](mailto:helpteam@corporatecompliance.org) — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call SCCE at +1 952.933.4977 or 888.277.4977 with payment information.

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

Credit Card Account Number

Credit Card Expiration Date

Cardholder Name

Cardholder Signature