

# COMPLIANCE WEEK 2008

Annual Conference for Corporate Financial, Legal, Risk, Audit & Compliance Officers

JUNE 4 - 5 • WASHINGTON, D.C. • MAYFLOWER HOTEL

Discount for AuditNet Members!

**AuditNet**  
The Global Resource for Auditors

## Attendee

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Pricing

<input type="checkbox"/> 1	Compliance Week 2008 Registration: <b>Discount for AuditNet Members:</b>	\$1,545	\$1,295
+ <input type="checkbox"/>	Optional: Additional Co-Worker(s) or Team Member(s), Also at a Discount: <i>Must be from the same company as individual above. Include additional names on the next page.</i>	\$1,545	\$995 each
<input type="checkbox"/>	Total Registrations (Include additional names on next page)	Total Registration Fee:	\$ _____

## Payment

Please complete, sign and fax this form to 1-866-889-3657:

CARD TYPE (circle one):

Visa

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CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

By Check

If you prefer to pay by check, please make check out to "Compliance Week," and mail your payment along with this form to the following address by June 1, 2008:

Compliance Week  
77 No. Washington St.  
Boston, MA 02114  
USA

**Important:** YOU ARE NOT REGISTERED UNTIL WE HAVE RECEIVED YOUR PAYMENT! Call 888-519-9200 for assistance, to register, or with any questions.

**Confirmations:** You will receive a registration confirmation via email upon receipt of payment.

**Cancellations:** Cancellation or substitution notice must be given by calling 888-519-9200 or by email to info@complianceweek.com. Cancellations received on or before May 1, 2008 will incur a \$500 cancellation fee. NO REFUNDS WILL BE GIVEN AFTER MAY 1, 2008. Substitute attendees will be permitted if notice is given by May 15, 2008.

**Updates:** Speakers, session and times are subject to change. For the latest information, visit <http://conference.complianceweek.com>, or call us at 888-519-9200.

Optional Page Two. Use the form below to register co-workers and team members. Your name:

### Additional Attendee

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Additional Attendee

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Additional Attendee

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

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