

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ **Email:** _____

CLE Credit: For which state(s) would you like CLE credit? _____

Registrants seeking CLE credit acknowledge and agree that the Society may provide their name and email address to its continuing education provider for the sole purposes of accreditation information.

Privacy Notice: When you register for this event, the Society collects certain personal information that you provide. In limited circumstances, the Society will share your registration information (name, company affiliation and email address) with sponsors, exhibitors and 3rd party panelists associated with this event. [Click here to see our Privacy Policy](#)

☐ Check here to acknowledge you read the Privacy Notice.

☐ Check here if you agree to allow us to share your registration information (name, company affiliation, and email address) with sponsors, exhibitors and 3rd party panelists associated with this event.

Select Your Category	
Essentials Express Only Member or Exhibitor	☐ \$1,045
Essentials Express Only Non-Member*	☐ \$1,805
Western Regional Only Member	☐ \$535
Western Regional Only Non-member	☐ \$635
Essentials Express & Western Regional Member	☐ \$1,425
Essentials Express & Western Regional Non-member	☐ \$2,185

*Includes one-year Society membership at a discounted rate.

Submit this form to:

Society for Corporate Governance, 52 Vanderbilt Avenue, Suite 510, New York NY 10017,
or ccoleman@societycorp.gov, or register [online](#)

Payment:

☐ I enclose my check in the amount of \$_____ payable to:

Society for Corporate Governance, 52 Vanderbilt Ave, Ste 510, NY, NY 10017

☐ Charge my: ☐ AmEx ☐ Discover ☐ MasterCard ☐ Visa

Card #: _____ Expires: _____

Security code: _____ in the amount of \$ _____

Name on card: _____

Signature: _____

How did you learn about this conference?

☐ I am a member ☐ I received a flyer/postcard

☐ Society's website ☐ Internet search ☐ Social media ad

☐ My company is an exhibitor/sponsor ☐ I was asked to speak

☐ Word of mouth ☐ Other: _____

We'd like to know more about our attendees and their interests. Please provide the following information for our planning purposes. Select your affiliation:

☐ Large-Cap ☐ Mid-Cap ☐ Small-Cap ☐ Private

☐ Nonprofit ☐ Government ☐ Law Firm ☐ Service Provider

☐ Other: _____

Do you have any dietary restrictions?

(We will try to accommodate requests for these special meals.)

☐ Vegetarian ☐ Gluten free

Do you require special assistance (wheelchair access/mother's room)?

☐ Yes ☐ No ☐ Other _____

[CLICK HERE TO VIEW PROGRAM AGENDA](#)

Cancellation & refund policy: Refunds of any registration fees paid will be at the rate of a full refund less \$50, with written notification received by the Society on or before September 30, 2025. There will be no refunds after September 30, 2025. Substitutions/registration transfers are allowed if you must cancel after September 30, 2025. Email cancellation notice to Cassandra Coleman, ccoleman@societycorp.gov.