ESSENTIALS
FOR CORPORATE GOVERNANCE

January 23-25, 2024
The Westin Beach Resort
Fort Lauderdale, FL

REGISTRATION FORM

Name: _____
Title: _____
Organization: _____
Address: _____
Phone: _____ **E-mail:** _____
CLE state (s): _____

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 registration category	3 Days	2 Days
Society Member	☐ **$1,310**	☐ **$1,000**
Non-member*	☐ **$2,010**	☐ **$1,700**
Society Member *at Nonprofit*	☐ **$1,100**	☐ **$845**
Non-member *at Nonprofit**	☐ **$1,800**	☐ **$1,545**
Exhibitor	☐ **$1,310**	

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

What days of the seminar will you attend?
☐ Tuesday, January 23 ☐ Wednesday, January 24 ☐ Thursday, January 25

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 _____

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

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: _____

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)?
☐ No ☐ Yes (*please explain*) _____

VIEW THE PROGRAM AGENDA

Cancellation & refund policy: Refunds of any registration fees paid will be at the rate of a full refund less $75, with written notification received by the Society on or before January 10, 2024. There will be no refunds after January 10, 2024. Substitutions/registration transfers are allowed if you must cancel after January 10, 2024. Email cancellation notice to Tamara Johnson at tjohnson@societycorpgov.org.

Submit to: Society for Corporate Governance, 52 Vanderbilt Avenue, Suite 510, New York NY 10017 **or** email to tjohnson@societycorpgov.org **or** fax to 212-681-2005 **or** register online.