



## Compliance Program Trends

Presented by: Mark Pastin, Ph.D.  
*President, Health Ethics Trust*

**Thursday, August 24, 2023**  
**1:00 - 2:30 PM ET**

This webinar carries 1.5 CEUs toward the Trust's Certified Compliance Professional (CCP) and Certified Compliance Executive (CCE) credentials.



**HEALTH ETHICS TRUST**  
EXCELLENCE IN HEALTHCARE COMPLIANCE SINCE 1995

Register online at [healthethicstrust.com](https://healthethicstrust.com) or email your registration to [info@corporateethics.com](mailto:info@corporateethics.com)

## REGISTRATION

### TUITION

☐ HET Members: **FREE**   ☐ Non-Members: \$99

### MEMBERSHIP

- ☐ (1) Year—Individual Membership w/Tuition Payment: \$200 (\$199 Savings)  
☐ (1) Year — Organizational Membership w/Tuition Payment: \$1,100 (\$299 Savings)

**TOTAL** \_\_\_\_\_

### THREE WAYS TO REGISTER

1. **ONLINE** at [www.HealthEthicsTrust.com](http://www.HealthEthicsTrust.com) - safe, secure and encrypted.
2. **E-MAIL** your completed registration form to: [info@corporateethics.com](mailto:info@corporateethics.com)
3. **MAIL** your completed registration form to: *Health Ethics Trust, 7205 Regent Drive, Alexandria, VA 22307*

### CANCELLATION POLICY

Registration for Health Ethics Trust courses is an agreement to pay the applicable course tuition. Tuition for cancellations two weeks prior to program is refunded less an administrative fee to be determined. Tuition for cancellation after the deadline is not refundable, but a credit toward tuition for a future Trust program (tuition less the administrative fee; must be used within 12 months) will be issued in some cases. Those who cancel after the deadline must still pay the tuition that they agreed to pay by registering for the course even if they have not yet paid their tuition at the time of cancellation. Cancellation Policy is strictly enforced.

### REGISTRATION INFORMATION:

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

### PAYMENT OPTIONS:

**Total:** \_\_\_\_\_

Check/Money Order ☐

Credit Card Payment ☐

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

*If Billing Address is different, please place here.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_