



31st Annual Best Practices Forum

**Where Compliance Leaders Meet
to Exchange Ideas & Information**

The Established Peer Review Process — Since 1995

October 22 - 23, 2026

Presented by:  **HEALTH ETHICS TRUST**
EXCELLENCE IN HEALTHCARE COMPLIANCE SINCE 1995

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October 22 – 23 2026 • Online

The Forum

The Best Practices Forum was established in 1995 in cooperation with the University of North Carolina at Chapel Hill to recognize accomplishment in healthcare compliance. Since then, the Best Practices Award has been accepted as the mark of compliance program excellence.

If you have never attended the Forum, it is the compliance event of the year. Unlike programs in which you are surrounded by vendors promoting their own services, the Forum allows you to look at what others are doing successfully in their programs and apply these practices in your own program.

Awards are open to any compliance program practice provided that the practice has been implemented for at least six months. Many of the past best practices recognized at the Forum have become standard practice in healthcare compliance.

Award recipients are selected by the Health Ethics Trust Best Practices Committee, an independent committee of experienced compliance professionals.

Program Details

- The first day of the Forum will run from 9:00 AM ET to approximately 4:30 PM ET.
- The second day of the Forum will run from 9:00 AM ET to approximately 4:00 PM ET.

Over the course of this two-day event, each Best Practice Award Winner, as selected by the Trust's Best Practices Committee of compliance officers, will present their winning practice to those in attendance. Best Practice presentations are supplemented by a nationally distinguished faculty of compliance experts.

Forum Tuition

HET Members: \$995

Non-Members: \$1,095

Govt/Academic: \$945

***Become a Health Ethics Trust member and save on tuition?
See registration form!***

Who Should Attend?

The Forum includes representatives from all sectors of healthcare including providers, plans, pharma, device companies, government agencies and contractors. Compliance professionals, CEOs, Board Members, internal auditors, legal counsel to compliance, compliance investigators, education and training professionals, quality professionals and government officials are welcome.

Questions?

The deadline for submission of award nominations is August 15. Submissions received by July 15 receive priority review.

For information on the Forum, submission guidelines, and the Best Practices Selection process, write to info@corporateethics.com.

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Registration

Best Practices Tuition

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HET Membership

- (1) Year — Individual Membership (\$300) w/ Reduced Tuition Payment (\$995): \$1,295 (\$100 Savings)
 (1) Year — Organizational Membership (\$1,200) w/Reduced Tuition Payment (\$695): \$1,895 (\$400 Savings)

TOTAL _____

Three Ways to Register

- 1. ONLINE** at www.HealthEthicsTrust.com - safe, secure and encrypted.
- 2. E-MAIL** your completed registration form to: 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:

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 _____ Billing Zip _____

TOTAL _____