4 WAYS TO REGISTER:
FAX +1-310-388-1115
CALL +1-310-337-2616 x1
MAIL this form to:
　　DATAVERSITY
　　13020 Dickens Street
　　Studio City, CA 91604 USA
ONLINE: http://dgfinancialconference.com
Questions? registration@dataversity.net

PRODUCED BY:

DEB TECH INTERNATIONAL

DATAVERSITY®

Name	First Name as it should appear on badge
Company	Job Title
Address	Country
Phone	E-Mail

REGISTRATION OPTIONS (Fees are in US Dollars) Registration fees include a continental breakfast, lunch, and coffee breaks.	REGULAR FEE* If paid by October 4 2017	ONSITE FEE If paid after October 4, 2017
Entire Event (Thursday – Friday, October 5 - 6, 2017)	☐ $1795	☐ $1895
Single Day (Thursday, October 5, 2017 **OR** Friday, October 6, 2017) Indicate Day Attending here: _____	☐ $895	☐ $995

*Registrations received after October 4 will incur an additional $100 on-site registration fee.

THURSDAY TUTORIAL SELECTIONS

Please choose a Thursday **Morning** Tutorial if you are attending. (October 5, 8:45am – 11:30am)	Please choose a Thursday **Afternoon** Tutorial if you are attending. (October 5, 1:30pm – 4:15pm)
☐ T1: Successful Data Stewardship in Financial Services *(Plotkin)*	☐ T4: Governance Artifacts for Financial Organizations *(Seiner)*
☐ T2: Data Governance in a Box for DFAST and CCAR Compliance *(Soares)*	☐ T5: Successfully Meeting the Challenge of the New Global Data Protection Regulation (GDPR) *(Chisholm)*
☐ T3: Successful Data Governance for Data Lakes in Finance *(Chisholm)*	☐ T6: How to Develop Data Quality and Data Governance Metrics *(Deemer & Koch)*

Do you have any special meal requirements?
Please keep in mind we cannot customize menus to accommodate preferences such as low-carb or fat-free.

　　☐ No Special Requirement　　☐ Vegetarian　　☐ Kosher (You will be provided a certified Kosher airline-style meal.)

Please call us at +1-310-337-2616 x1 if you have a meal requirement that is not listed above.

METHOD OF PAYMENT

☐ **Credit Card:**
　☐ Visa / MasterCard
　☐ American Express
　☐ Discover

☐ **Check enclosed**
　Payable to DATAVERSITY

☐ **Bill Me (**PO# _____**)**

If paying by credit card, please provide the following:

_____ _____
Card Number　　　　　　　　　　　　　　　　　　　　　Expiration Date

_____
Billing Address

_____
Name as it appears on your card

_____
Signature

Don't forget to make your **HOTEL RESERVATIONS** at **The Westin Jersey City Newport**,
479 Washington Boulevard, Jersey City, New Jersey 07310
For more details, visit http://dgfinancialconference.com/venuetravel.html.