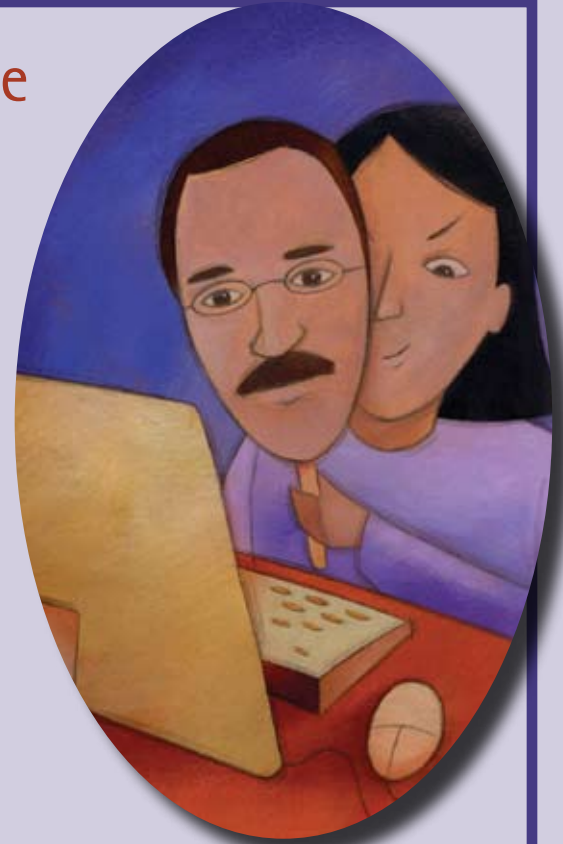


Special Joint Carolinas Compliance and Risk Management Council Meeting



Identity Theft

Wednesday, May 21, 2008
10 am - 3 pm

PLEASE NOTE THE MEETING LOCATION:

THE BATEMAN CENTER - SOUTH CAROLINA CREDIT UNION LEAGUE
7440 Broad River Road
Irmo, SC 29063
Phone: (803)781-5400

FACT Act - Identity Theft + Red Flag Rules

ID Theft Program Development - getting started, getting finished on time!

In addition to reviewing the requirements of this FACTA provision on ID Theft Red Flags, we will be looking at developing the credit union's ID Theft program, including:

- Developing a risk assessment
- Training staff to recognize the red flags
- Developing your Policies and Procedures

Also look at other areas of interest to Regulators -

What on earth does strategic planning have to do with compliance? Regulators will be focusing on strategic planning this year, partly due to the elimination of the CAMEL matrix. What role does compliance play in this increasingly important part of credit union operations? What will the regulators be expecting?

Presented by: *Mary Lou Heighes, President Compliance Plus, Inc.*

Open Discussion Forum - Identity Theft & Your Credit Union

"Are your staff Members trained on how to respond to identity theft? Have any of your credit union members been a victim of identity theft? This forum will provide participants an opportunity to share best practices regarding Identity Theft."

Facilitated by: *Mark Curran, Senior VP/Business Development Palmetto Cooperative Services, Inc.*

The US Postal Inspection Service Role in Combating Identity Theft

Presented by: *John Galvin, Postal Inspector*



How to Register

Fax: 608-231-4327

Mail: CUNA, Inc.

P.O. Box 78546

Milwaukee, WI 53278-0546

Register Online: training.ncleague.org



HOTEL INFORMATION

Hyatt Place-Columbia/Harison
1130 Kinley Rd.
Irmo, SC 29063
Phone 803-407-1560
Room rate: \$109 single/double
Request CUNA group rate

For more information or questions concerning the meeting call Renée Mier Kendrick: (800) 822-8859, ext 3240 or email at: compliance@ncleague.org

Registration Form (NC05218)

Name: _____

Title: _____

Credit Union: _____

CU Address: _____

City _____ State _____ Zip _____

E-Mail Address: _____

CU Phone: _____

CU Fax: _____

Registration Deadline: May 14, 2008

A confirmation by e-mail or fax, along with directions, will be sent to confirm your attendance.

Registration fee: \$100.00 per person

Payment Method: (payment must accompany registration form)

Check/share draft enclosed

(payable to Credit Union National Association, Inc.)

Credit Card (Fax to 608-231-4327)

Charge \$ _____ to my Visa MasterCard

Card account number _____

Expiration date _____

Print name as it appears on card _____

Signature _____