IPD INSTITUTE FOR PROFESSIONAL DEVELOPMENT

## ETHICS AND THE LAW

DECEMBER 4, 2015 - Jumping Brook Country Club, Neptune, NJ

Approved by DCA - CMFO,CCFO, CTC, QPA, RMC,CPWM, RPPO - 4 CEU'S- ETHICS Approved CPA, RMA, PA-4 CEU's - Ethics (not Professional Ethics-Chapter 6)

9:00am - 9:30 am **Registration, HOT BUFFET BREAKFAST** 9:30am - 12:50pm Legal Compliance Conflicts of Interest Gifts Fair Dealing Confidentiality and Privacy Asset Protection Ethical Decision Making **Reporting Violations** Whistleblower Protect

Instructor: Former Director Susan Jacobucci, Division of Local Government Services

Directions on our web site TO ASSURE PROPER POSTING, PLEASE ATTACH A COPY O	e – "http://ipd2.com"
Mail Checks to: Institute For Professional De	JF THIS APPLICATION WITH YOUR PAYMENT
	evelopment
PAYMENT OR PURCHASE ORDER DUE BY DAY	y Jersey 07015-1468 Telephone (973)-777-420 W OF SEMINAR P.O. #
I wish to register for the Decem	ber 4. 2015 Ethics and the Law
FAX YOUR REGISTRATION I	FORM TO (073)_777_0/01
Cancellation Policy – 48 Hours in a	dvance of seminor in writting
** During inclement Weather Check our me	wance of seminar, in writing
** During inclement Weather, Check our we Seminar**SEMINAD INCLUDES NOT DUEDE	ab site htdtp://ipd2.com Day Before the
Seminar** <u>SEMINAR INCLUDES HOT BUFFET</u>	<u>BREAKFAST</u> \$ 99.00 per person \$125.00
Registration a	at Door
NAME	TITLE
ADDRESS	
Organization or Government Unit Telephone	e Number Fax Number
<b>CLAIMANTS CERTIFICATION &amp; DECLARATION</b>	N
I do solemnly declare and certify under the penalty of the law	Just mail your check with this application form
That the within bill is correct in all particulars, the articles	you do not need to send your Voucher for a separ-
Have been furnished or services rendered as stated herein, that	signature since the presigned certification
no bonus has been given or received by any person or persons	on the left can be attached to your Voucher in lieu
within knowledge of this claimant in connection with the above	of sending it to us for a signature. This form has
Claim and that the amount charged is a reasonable one.	been determined by DI GS to meet the requirement

## Michael F. Conti

Michael F. Conti, Program Coordinator P.O. Box 1468, Clifton, NJ 07015-1468 (973)-777-4200 - FAX (973) 777-0401

been determined by DLGS to meet the requirement

of the statutes for this type of expenditure.