



3501 Fairfax Drive . Arlington, VA 22226-3550 . (703) 516-5588 . FAX (703) 516-5487

Press Release

For immediate release

March 3, 2000

Risk Management Planning Seminar for 2000

The Federal Financial Institutions Examination Council (FFIEC) announces the location and date for its 2000 Risk Management Planning Seminar.

Who Should Attend:

Financial institution chief executive officers, directors, chief operating officers, chief financial officers and other executive level officers of banks, thrifts, and credit unions.

Objectives of Program:

To encourage top management to establish or improve systems that facilitate bank-wide risk management and to discuss issues in risk management with regulators.

Location and Date:

Chicago, Illinois

June 1 - 2, 2000

*The Westin Michigan Avenue
909 N. Michigan Ave.*

Conference Times:

Registration begins Thursday at 7:30 a.m.
Opening Address begins Thursday at 8:30 a.m.
Conference ends Friday at 11:30 a.m.

Opening Address: *James L. Sexton, Director, Division of Supervision*
Federal Deposit Insurance Corporation

Luncheon Address: *Laurence H. Meyer, Governor*
Board of Governors of The Federal Reserve System

Program Highlights: (Please also refer to our Web Site: <http://www.FFIEC.gov/exam/education.htm>.)

- Capital Markets Treasury Risk
- Operational Risks and Basel Accord
- Insurance Underwriting Risks
- Emerging Technology and Internet Banking Risks
- Emerging Credit Risks

FFIEC Risk Management Planning Conference, June 1-2, 2000

Registration Procedures:

- Complete the **attached registration form** (or photocopy).
- Make **payment** (check or money order) **payable to the "FFIEC" in the amount of \$350.** (Tuition payment includes program materials, two continental breakfasts and one luncheon.)
- Mail **your completed registration form and payment** to:

**Federal Financial Institutions Examination Council
3501 Fairfax Drive, Room 3086
Arlington, Virginia 22226-3550**

Once your registration form and check has been received you will receive a confirmation letter. (Checks will be returned if application is received after the conference has been filled.)

Hotel Reservations:

- Please make your hotel reservation and travel plans promptly upon receipt of your confirmation letter.

**The Westin Michigan Avenue
Phone 312-943-7200**

FFIEC Conference Rate: \$159 (single/double), \$179 (triple/quad), plus taxes

Please note: To assure a room please make your hotel reservation as soon as possible. Please indicate that you are requesting the FFIEC Risk Management Conference room rate. **To take advantage of this special conference room rate, your reservation must be made with the hotel no later than April 28, 2000.**

We recommend that you do not make non-refundable travel arrangements until you have received your registration confirmation as past conferences have sold out.

Cancellation Policy:

- Cancellations must *be received* at least 30 days before the conference in order to receive a full refund. A refund check will be issued in approximately two to four weeks after receipt of written notification of cancellation. **Refunds will not be issued for cancellations received after Monday, May 1, 2000.**

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- Early registration is encouraged as space is limited and past sessions have sold out.
 - If you require special assistance to fully participate in the conference, please provide a written description of your specific needs with your registration form.
 - For additional information, please call the FFIEC Examiner Education Office at 703-516-5588 or refer to the FFIEC Web Site: <http://www.ffiec.gov/exam/education.htm>

FFIEC Risk Management Planning Seminar Application Form
The Westin Michigan Avenue - 909 N. Michigan Ave., Chicago, IL.,
June 1 - 2, 2000 (Thursday & Friday)

Please complete and *mail* this form to us along with payment for \$350.
(We cannot accept electronic registrations or credit card payments at this time.)

Name of Attendee (Mr. or Ms.) _____

Title _____

Name of Institution _____

Address _____

City, State, Zip _____

Telephone (_____) _____

FAX (_____) _____

E-Mail Address _____

(To receive updated information on the conference.)

The following information is requested to assist us in determining the needs and interests of the conference participants.

Total Assets of the institution for which you are directly responsible: \$ _____ (Million)

Your Primary Federal Regulator: OCC OTS FDIC FRB NCUA OTHER _____ N/A

YOUR \$350 CHECK MUST ACCOMPANY THIS APPLICATION FORM!

Space is limited. Receipt of your application is not a guarantee of registration.

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(703) 516-5588

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