

FINSIA

FINANCIAL  
SERVICES  
INSTITUTE  
*of Australasia*

# RISK MANAGEMENT IN FINANCIAL *Services*

WORKSHOP: MELBOURNE, 25 NOVEMBER 2010

*Building, integrating and maintaining a successful risk management framework in your organisation.*

Connect with leaders in risk management best practice, and learn how financial services organisations can add greater value to their business through enhancements to their risk management function.

Event partner:

MSCI

## Program

- 8.00am** Registration
- 8.30am** Chair's opening remarks  
> Deborah Ralston F Fin, Director, ACFS
- 8.40am** Update: Risk and regulation – the impact of change on risk management strategies  
> Mark Lawrence F Fin, Managing Director, Mark Lawrence Group
- 9.10am** Risk frameworks: governance and culture  
> Karen Smith-Pomeroy, Chief Risk Officer, Suncorp Bank
- 9.40am** Case Study: An example of best practice in risk management  
> James Beck, Managing Director, Effective Governance
- 10.20am** Networking and refreshment break
- 10.40am** Panel discussion: how effective is the risk management function at adding value to the business?  
> Mark Lawrence F Fin, Managing Director, Mark Lawrence Group  
> James Beck, Managing Director, Effective Governance  
> Brian Smith, Risk Solutions Manager, MSCI
- 11.30am** Business as usual? Lessons learnt from risk management failures  
> Mike Cutter F Fin, Chief Risk Officer Australia and Global Head of Retail Credit, ANZ
- 12.00** Closing remarks

## Venue

Park Hyatt  
1 Parliament Square  
Off Parliament place  
Melbourne

## Costs

**\$190** Member  
**\$285** Guest of member  
**\$380** Non member  
**\$1990** Group of 8 – member rate  
**\$2660** Group of 8 – non member

**PD Points:** Three and a half

## Registration

Please complete the registration form and return to FINSIA by Friday 19th November.

PO Box H99  
Australia Square, NSW 1215  
f: 61 2 9275 7999  
events@finsia.com

RSVP  
FRIDAY 19<sup>TH</sup>  
NOVEMBER

# RISK MANAGEMENT IN FINANCIAL *Services*

MELBOURNE: THURSDAY 25 NOVEMBER 2010



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## 1. ATTENDEE DETAILS:

FINSIA MEMBERS ARE ONLY REQUIRED TO FILL IN THEIR MEMBER ID, NAME, EMAIL AND CONTACT NUMBER.

Are you a FINSIA member: No  Yes  Member ID: \_\_\_\_\_

Title:  Mr  Ms  Mrs  Miss  Dr  Prof  Other: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Street address/PO Box: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Please email confirmation and receipt to:

## 2. DIETARY REQUIREMENTS: \_\_\_\_\_

### 3a. HOW DID YOU HEAR ABOUT THIS EVENT?

Finsia publication  Advertising  Direct mail  Email  
 Website/web search  Workplace  Telesales  Other

3b.  I do not wish to receive future information about FINSIA's events and services.

## 4. YOUR BOOKING: I am booking for Myself Myself & others Just others

NUMBER	ATTENDEE TYPE	COST	TOTAL
	Member	\$190	\$
	Member guest	\$285	\$
	Non member	\$380	\$
	Member and guests group of 8	\$1900	\$
	Non member group of 8	\$2660	\$
	<b>TOTAL NUMBER OF ATTENDEES</b>	<b>TOTAL COST</b>	<b>\$</b>

PROMOTIONAL CODE (IF APPLICABLE): \_\_\_\_\_

## 5. PAYMENT: PLEASE NOTE BOOKING WILL ONLY BE CONFIRMED ON RECEIPT OF PAYMENT

Please find Cheque for \$ \_\_\_\_\_ made payable to 'FINSIA' attached

Please debit my credit card for \$ \_\_\_\_\_

Credit card:  AMEX  Diners Card  Mastercard  Visa

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

## 6. AGREEMENT: I have read and understood FINSIA's privacy policy and terms and conditions.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

FINSIA requires this information to administer our membership services. Additionally, it will assist us to provide you with other relevant information including invitations to be involved in FINSIA activities. You will always have the opportunity to decline marketing material. If you do not provide the required information, we may be unable to process your registration. In order to deliver certain materials, information and services, FINSIA may provide your personal information to third parties or agents appointed to deliver our services to you (e.g. couriers and telecommunication service providers). We recommend that you read FINSIA's Privacy Policy published on FINSIA.com. You can access or update your personal information and raise any privacy concerns by contacting our Privacy Officer on +61 2 9275 7900 or [privacyofficer@finsia.com](mailto:privacyofficer@finsia.com). Registrations for professional development activities must be accompanied by full payment. Registrants will be liable for payment in the event of non-attendance unless cancellation or request for transfer is made. Cancellations or transfers must be advised in writing and received by FINSIA at least 48 hours prior to the event. Refunds will not be granted if a registrant fails to attend an event or cancels/transfers within 48 hours of the activity. Substitutions may be made at any time subject to the applicable registration rate where an additional payment may apply.

**RSVP**  
FRIDAY 19<sup>TH</sup>  
NOVEMBER

[finsia.com](http://finsia.com)

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and when signed and  
dated. Please keep a  
copy for your records.

V90\_RiskManagement

# MULTIPLE ATTENDEE FORM

Event title: Risk Management

Event date: Thursday 25 November

State: VIC

## GROUP BOOKING DETAILS:

Group name:

Your name:

Total number of delegates:

MEMBERS ARE ONLY REQUIRED TO FILL IN THEIR MEMBER ID, NAME, EMAIL AND CONTACT NUMBER.

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

Company:

Address:

State:

Postcode:

Phone: ( )

Email:

Dietary requirements:

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

Company:

Address:

State:

Postcode:

Phone: ( )

Email:

Dietary requirements:

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

Company:

Address:

State:

Postcode:

Phone: ( )

Email:

Dietary requirements:

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

Company:

Address:

State:

Postcode:

Phone: ( )

Email:

Dietary requirements:

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

Company:

Address:

State:

Postcode:

Phone: ( )

Email:

Dietary requirements:

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

Company:

Address:

State:

Postcode:

Phone: ( )

Email:

Dietary requirements:

### Name:

FINSIA member: no  yes  member ID:

Position/Title:

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State:

Postcode:

Phone: ( )

Email:

Dietary requirements:



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