

Dinner Meeting Announcement

Tuesday, February 21, 2017

The DOL Fiduciary Rule



SPEAKER

Kelli A. Haugh, J.D., AIF®, CSCP®
NCS Regulatory Compliance

Since the Department of Labor (DOL) unveiled the final version of the new fiduciary rule requiring all retirement advisers to act in the best interest of their clients, all in the financial services advisory business have been preparing for its impact ahead of the fast-approaching implementation date. The SEC has also recently announced their examination priorities for 2017. In this session, Kelli Haugh will review how the DOL’s Fiduciary Rule is taking shape, the impact on independent investment advisers, and why it’s important to pay attention to the Rule’s requirements despite the possibility of a delay in its implementation. Ms. Haugh will also discuss the SEC’s 2017 examination priorities for investment advisers and how to enhance your compliance programs with those priorities in mind.

CONTINUING EDUCATION CREDIT

1 Hour of Continuing Education Credit has been approved
for CFP® (Program ID 235061) & CPE/CPA (Sponsor No. 0002193)

5:30 p.m. – Networking & Reception / 6:00 p.m. – Dinner & CE Program

Members-\$40 in advance/\$50 at the door • **Non-Members**-\$55 in advance/\$65 at the door

—————→ **LOCATION** ←————

Palm Beach Gardens Marriott, 4000 RCA Boulevard, Palm Beach Gardens, FL 33410

Dinner Reservation Form, February 21, 2017

Mail with check in appropriate amount, payable to FPA of South Florida, or fax with credit card information, by Thursday, February 16, 2017 to:

FPA of South Florida
8930 State Road 84, No. 316, Davie, FL 33324
Fax: (954) 382-1893

Please Note: Cancellations received 48 hours prior to the meeting will receive a full refund. All others will be charged their full reservation amount.

Questions? Call (954) 370-0041

Online Registration:
www.southfloridafpa.org

Please check one: Member/Chapter:___ Guest:___

Name: _____

Company: _____

Address: _____

City:_____ State:_____ Zip:_____

Phone: _____

E-Mail: _____

Credit Card Payment MC___ Visa___ Amex ___

Card Number:_____ CVV___

Expiration Date: _____Amount:_____

Signature: _____

CFP® License No. _____