

# Bank Compliance School

May 24-27, 2021

Bismarck, ND & VIRTUAL



Questions: Call the SDBA at 800.726.7322 or email Halley Lee at hlee@sdba.com.

## SEMINAR DESCRIPTION

The 2021 Bank Compliance School is offered by Compliance Alliance in partnership with the South Dakota Bankers Association, North Dakota Bankers Association, Montana Bankers Association and Wyoming Bankers Association.

## THE SEMINAR WILL COVER

### Module 1: Lending Compliance – May 24 & 25

- TRID
- RESPA
- CRA
- Flood Rules
- Reg B
- FCRA-FACT Act
- Reg O
- Reg Z
- SAFE Act
- Fair Lending
- Mortgage Servicing Rules
- Appraisals
- Lending to Servicemembers
- LO Compensation

### Module 2: Operations Compliance – May 26 & 27

- Reg D & Reg DD
- Reg E
- Privacy
- Reg CC
- UDAAP
- CTR and SARS
- Cannabis Banking
- Social Media
- E-Sign
- BSA Five Pillars
- CDD & Beneficial Ownership
- Monitoring for High-Risk Customers
- Money Services Businesses & MRBs

## WHO SHOULD ATTEND?

Compliance officers, internal audit staff and any employee who assists with compliance management.

## SEMINAR PRESENTERS

Compliance Alliance, an SDBA endorsed business partner, is the only banking industry compliance resource owned, operated, and managed by State Bankers Associations. Compliance Alliance experts provide members an all-inclusive set of bank compliance tools and services that help bankers stay up to date with requirements.



Elizabeth Madlem



Chan Masselink

## SCHEDULE

8:00 – 8:30 a.m. CDT Registration and Breakfast Program  
8:30 a.m. – 5:00 p.m. CDT

Breakfast and lunch will be provided on-site each day.

## LOCATION

Radisson Hotel Phone: 701.255.6000  
605 E Broadway Ave Room rate: \$84  
Bismarck, ND 58501 Online reservations: [NDBA Rooms](#)

## REGISTRATION FEES

Member (In-Person & Virtual)	Before May 7	After May 7
Entire School	\$850	\$900
Module 1	\$450	\$450
Module 2	\$450	\$450

Register online at [www.sdba.com](http://www.sdba.com) or return form and payment to SDBA, PO Box 1081, Pierre, SD 57501 or fax to 605.224.7835.

Institution \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name	City	Email	Select	Select
			<input type="checkbox"/> Entire School <input type="checkbox"/> Module 1 <input type="checkbox"/> Module 2	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual
			<input type="checkbox"/> Entire School <input type="checkbox"/> Module 1 <input type="checkbox"/> Module 2	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual
			<input type="checkbox"/> Entire School <input type="checkbox"/> Module 1 <input type="checkbox"/> Module 2	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual

Total fees due: \$ \_\_\_\_\_  Check enclosed.  Please send me an invoice.  
 Please bill credit card.  Visa  MasterCard  Discover  American Express

Card Holder's Name \_\_\_\_\_ Zip Code \_\_\_\_\_ Credit Card No. \_\_\_\_\_

CVV \_\_\_\_\_ Expiration \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**Cancellation Policy:** 100% refund if canceled on or before May 16; 75% refund if canceled May 17-May 20; no refund if canceled May 21 or later. Substitutions allowed at any time.