

2018 CREDIT & COLLECTIONS WORKSHOP FOR BUSINESSES

Thursday, November 15th
8:00am—3:30pm
Inn at the Commons, Medford

Morning session “Data Security; How to use credit to grow your business”

- ◆ Identifying and preventing check fraud & CEO fraud schemes
 - ◆ Stay safe from Phishing Emails, Ransomware, & Mal-ware
 - ◆ Know the weak-link in your phone system to avoid Phone Based Social Engineering
 - ◆ The Top 3 things a business operator needs to know about financing
 - ◆ How to grow your business with credit offerings
 - ◆ How get a credit check on a potential business customer—Experian or D&B?
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Afternoon session - “Financial Policies that get your paid”

- ◆ Must-Have’s in your credit policy and financial agreements
- ◆ Risk levels and trying to collect A/R—what do I do?
- ◆ Selling to franchises or the new “green” industry in our region—what are some pitfalls and precautions?

And much more!



****Lunch and all Forum materials are included with each registration.**

The logo consists of the word 'SOUTHERN' in a bold, blue, sans-serif font, with a green circular icon containing a white 'S' to the left of the 'O'. Below it, the words 'Oregon Credit Service' are written in a smaller, blue, sans-serif font.

Please fill out the registration form on the following page and send to Southern Oregon Credit Service to reserve your spot. Space is limited and this Workshop may **sell out** so please register early!

REGISTRATION FORM

Thursday, November 15th at the
Inn at the Commons
200 N. Riverside, Medford OR

Registration & Continental breakfast begins at 8:00am.
The Workshop concludes at 3:30pm.

Forum registration is \$69.00 per person. Please fill out the Registration form and return to SOCS by Friday, November 9th to reserve your spot! FAX your form to 541-773-7966, email to CST@socredit.com, or call for assistance to the Client Services Team at 888-511-0070

I/We are from the office of: _____

PH#: _____

Email address to send proof of registration and receipt of payment: _____

Enter the Name(s) of Attendee(s):

Name: _____ Name: _____

Name: _____ Name: _____

Total number of Registrations: _____ X \$69.00 each = \$ _____

Pay by Check—Included

Pay At Door

Makes checks payable to: SOCS

Pay by VISA/MasterCard/Amex/Discover

Name on Card: _____

Card#: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail this form with payment to:

SOCS PO Box 4070 Medford OR 97501 or FAX to 541-773-7966

.For more information, please call or email: 888-511-0070 - CST@socredit.com