

Insurance Data Quality One-Day Training Workshop

September 29, 2009

IDMA, Jersey City, NJ

The [Insurance Data Management Association \(IDMA\)](#) will be offering its *Insurance Data Quality One-Day Training Workshop* on September 29, 2009 at its headquarters in Jersey City, NJ. See page 4 for directions.

This workshop will offer participants an opportunity to learn about data quality principles and identify challenges that can hinder data quality. The full-day program will include practical discussions and a case study for interactive participation.

Who Should Attend

This workshop is highly recommended for a wide audience including:

- New hires
- IT personnel who want to broaden their knowledge of the business side of insurance data management
- Anyone who manages data (statistical or financial data) in the industry, and anyone who needs to use or communicate good quality data – from actuaries to underwriters.

The agenda and registration information are enclosed.

Seating is limited so reserve your seat today!

If you have any questions please contact Farouk Yassine, the IDMA Executive Director, at (201) 469-3069 or FYassine@IDMA.org.

AGENDA

9:00 – 9:15am (conference room 21 B&C)	<p>Welcome and Introductions</p> <ul style="list-style-type: none"> • Stephen Anderson, ISO, IDMA’s Vice President of Administration • Mpaleng Khothule (MK), The Hartford, IDMA Education Committee Member • Tracy Spadola, Teradata Corporation, IDMA’s Chair of the Board of Directors
9:15 – 10:30am	<p>Data Quality—Definition and Background</p> <ul style="list-style-type: none"> • Overview of Data Quality • Recognizing When There is a Problem • Data Quality Responsibilities • Approaches to Data Quality • Practical Discussion
Break 10:30 – 10:45 am	
10:45am – 12:00pm	<p>Identifying Data Quality Problems</p> <ul style="list-style-type: none"> • Understanding Customer Needs • Data Quality Terms <ul style="list-style-type: none"> ▪ Components of Data Quality ▪ Data Defects • Measuring Data Quality • Practical Discussion
Lunch 12:00 – 1:00 pm	
1:00 – 2:30pm	<p>Improving Data Quality</p> <ul style="list-style-type: none"> • Insurance-Specific Data Quality Programs <ul style="list-style-type: none"> Regulatory Programs <ul style="list-style-type: none"> ▪ IDMA Data Quality Certification Model ▪ Actuarial Standard of Practice No. 23 • Information Product Improvement <ul style="list-style-type: none"> ▪ Data Capture ▪ Database Design ▪ Data Quality Control ▪ Edits • Information Process Improvement • Software Testing • Q & A
Break 2:30 – 2:45 pm	
2:45 – 4:00pm	Case Study

Disclaimer: While this class will benefit those studying for the IDMA Insurance Data Quality certification course (IDMA 2), it is NOT intended to be a study session for the IDMA 2 exam.



REGISTRATION FORM

Step 1. Clearly Type or Print Your Contact Information

First Name _____ Middle Initial _____ Last Name _____

Title _____ Designation(s) _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____ Country _____

E-mail _____

Phone _____ Fax _____

Step 2. Select the Fee that Applies to You

- \$169 Individual Registration**
- \$149 Group Registration** (3 or more registrations from the same company)
- \$99 IDMA Committee Member Registration** (Board, Executive, and Education Committee members)

Registration fees include class material, the IDMA Insurance Data Quality certification course (IDMA 2) study guide, lunch, and a 60 days limited individual membership in the IDMA.

Step 3. Select Your Payment Method

- Check Enclosed** (payable to IDMA)
- Credit Card** (fill out the credit card payment form on page 5)
- Bill Me**

***Cancellation Policy and IDMA's Liability:** All cancellations must be made in writing to the IDMA office. Cancellation requests received on or before September 11, 2009 will receive a 50% refund. Cancellation requests received after September 11, 2009 will not receive a refund; however we would be happy to transfer your registration to another member of your company. If, for any reason, the event is canceled, IDMA will refund the total registration fee. However, IDMA will not be responsible for any travel, hotel accommodations or other costs incurred.*

Step 4. Send in Your Registration

Mail, Fax, or E-mail your completed registration form to: Mail: IDMA, 545 Washington Blvd., 17th Floor, Jersey City, NJ 07310; Fax: (201) 748-1690; E-mail: FYassine@IDMA.org. An email confirmation will be sent to you upon receipt of your completed registration form. Registration and payment must be received at IDMA by September 15, 2009 to guarantee your seat. *If you have any question, please contact the IDMA office at (201) 469-3069.*

DIRECTIONS

This event will take place at the IDMA headquarters, which is located in the same building as the ISO home office, at: 545 Washington Boulevard, Jersey City, NJ 07310.

For Mass Transit, Driving, and Ferry directions please visit the ISO Offices and Directions web page at <http://www.iso.com/About-ISO/Offices-and-Directions/ISO-Offices-and-Directions.html>

NOTE: Please plan to arrive no later than 8:45am as you need to get a security badge to enter the building. The workshop will be held in conference room 21 B&C.

LIST OF RECOMENDED NEARBY HOTELS

Candlewood Suites Jersey City

21 Second Street

Jersey City, NJ 07302

Phone: 201-659-2500

Rate: \$189 per night

Distance from the event venue: 0.38 miles (2 quick stops of the Hudson-Bergen Light Rail)

Courtyard Jersey City Newport

540 Washington Boulevard

Jersey City, NJ 07310

Phone: 201-626-6600

Rate: \$239 per night (mention the ISO corporate discount)

Distance from the event venue: Across the street

Doubletree Jersey City

455 Washington Boulevard

Jersey City, NJ 07310

Phone: 201-499-2400

Rate: \$244 per night (mention the ISO corporate discount)

Distance from the event venue: 0.28 miles

The Westin Jersey City Newport

479 Washington Boulevard

Jersey City, NJ 07310

Phone: 201-626-2900

Rate: \$269 per night (mention the ISO corporate discount)

Distance from the event venue: 0.25 miles

CREDIT CARD PAYMENT FORM

IGNORE the INVOICE NUMBER and DATE

COMPANY NAME: _____

INVOICE NUMBER: _____

INVOICE AMOUNT: _____

INVOICE DATE: _____

CARDHOLDER NAME: _____

CARD TYPE: (Please circle one) **Amex / Visa / MasterCard**

CARD NUMBER: _____

EXPIRATION DATE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

SUBMITTED BY: _____

DATE: _____

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

SIGNATURE OF CARDHOLDER (REQUIRED):

<p>For accounting use only. Transaction number:</p>
