

Annual



Roundtable

**FEBRUARY 22-23, 2006
FT. LAUDERDALE, FLORIDA**

FOCUS

The focus of this roundtable is to bring process managers, analysts, and overall benchmarking coordination staff together to learn from each other about efforts in Benchmarking and how they lead to organization change.

OBJECTIVE

To provide an environment for the open exchange of ideas about the Benchmarking efforts and process, while developing a network of contacts and opportunities for successful Benchmarking exchanges.

WHAT TO EXPECT

Participants should expect to discuss their efforts and learn from their peers in attendance at the session. Participants should expect a targeted group of attendees exchanging information for mutual benefit. Participants will be given a program manual which will be used to complete results of surveys of the participants and will include a complete contact list of attendees.

WHO SHOULD ATTEND

- Benchmarking Coordinators
- Process Owners
- Staff involved in Benchmarking

BENCHMARKING BEGINNERS WELCOME!

DISCUSSION AGENDA

2/22/06	Registration/Reception	5:30 - 6:30pm
	Dinner	6:30pm
2/23/06	Continental Breakfast	7:45 - 8:15am
	Introduction of participants	8:15 - 8:30am
	Sessions 1,2,3	8:30 - 11:30am
	1. The Focus on Benchmarking Efforts	
	2. Conducting Studies and Shortening The Benchmarking Cycle	
	3. Developing Networking Opportunities	
	Networking Lunch	11:30-1:00pm
	Sessions 4,5,6,7	1:15-3:30pm
	4. Successfully Implementing Findings From Benchmarking Studies	
	5. Integrating Six Sigma and Other Process Management Efforts	
	6. Politics of Performance Improvement	
	7. Training and Developing Benchmarking Capabilities	
	Close & Review	3:30-4:00pm
	Adjourn	4:00pm

**HERE IS HOW TO REGISTER
ROUNDTABLE FEE: \$699 PER PERSON
EARLY BIRD SPECIAL \$599***

*When application is received 30 days in advance.



Mail: THE BENCHMARKING NETWORK™
4606 FM 1960 West, Suite 250
Houston, Texas 77069

Fax: (281) 440-6677 (24 hours a day)

Call: (281) 440-5044 (8:00am - 5:00pm CST)

6SBA Members Only

Simply complete and return this application for acceptance

Company Name: _____

Participant Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Name On Card: _____

Card type: Mastercard Visa American Express

Card number: _____

Expiration date: _____

Billing Address: _____

Signature: _____

Fax to (281) 440-6677

Or return this registration form with your check for \$699 (\$599 if qualifying for early bird special) to:



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