



2019 / 2020 BOARD OF DIRECTORS COMPENSATION REPORT

by: **TOTAL COMPENSATION SOLUTIONS, LLC**

Total Compensation Solutions is pleased to announce the availability of the 2019/2020 Board of Directors Compensation Report. The survey includes Board data from proxies of 2,653 companies from eleven industries: Banking, Consumer Goods, Energy, Financial, Healthcare, Insurance, Media, Technology, Leisure, Biotechnology and Transportation. The report includes the following information:

Comp Data by Industry and Revenue:

Topics:

- Board Compensation for Chairman, Lead Director and Regular Member:
 1. Avg., 25th, 50th, 75th Percentiles
 2. Retainers, Per Meeting Fees & TCC
 3. Stock Compensation (Awards & Options)
 4. Initial Stock Grants
 5. Committee Compensation
 6. Eleven Industry Sector Breakdowns
- Policies & Practices
 1. Board Structure
 2. Committee Structure
 3. Age Demographics
 4. Gender Demographics
 5. Years of Service

Reference Section:

- Role of Board of Directors
- Role of Lead Director
- Typical Charter for Board Committees
- Governance Issues and Regulatory Agencies
- Total Compensation Determination

11 Industry Cuts:

- Banking
- Biotech
- Consumer Goods
- Energy
- Financial
- Healthcare
- Insurance
- Leisure
- Media
- Technology
- Transportation

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SURVEY SUBSCRIBER ORDER FORM

The 2019/2020 Board of Directors Compensation Report is currently available. Please complete the required information and return this form via fax (914-730-7303), mail or email: tbailey@total-comp.com.

VERSION	SURVEY FEE	INVOICING PROCEDURE
PDF** <input type="checkbox"/>	\$495	Send Bill <input type="checkbox"/> Purchase Order # _____
Consultant Rate (PDF) <input type="checkbox"/> (Single Office)	\$895	Credit Card: Visa, Master Card <input type="checkbox"/> or American Express – (TCS will will send a link by email)
**Note: Refunds will not be granted after receiving the PDF Report.		Check Enclosed <input type="checkbox"/>

INDIVIDUAL TO RECEIVE SURVEY REPORT:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

FAX NUMBER: _____

e-Mail _____

SIGNATURE: _____ DATE: _____

Please complete and return this form to:

Total Compensation Solutions, LLC

Attn: Tom Bailey

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Armonk, NY 10504

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