

# REGISTRATION/2019 ISCEBS Employee Benefits Symposium (19SYMP)

September 8-11, 2019 | Hyatt Regency New Orleans | New Orleans, Louisiana



## ATTENDEE INFORMATION (Please print clearly)

Source code ISBR1

Individual ID# or CEBS® ID# \_\_\_\_\_  
 Full first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  Business  Home  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Emergency contact \_\_\_\_\_  
 Mobile phone \_\_\_\_\_ Contact phone \_\_\_\_\_

See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at [www.iscebs.org/policies](http://www.iscebs.org/policies).

## REGISTRATION INFORMATION

### REGISTER NOW!

<b>ISCEBS Member Rates</b>	<input type="checkbox"/> US\$1,155
<b>International Foundation Corporate Member Rates</b>	<input type="checkbox"/> US\$1,155
<b>Special Guest Rates</b>	<input type="checkbox"/> US\$ 955
<b>Nonmember Rates</b>	
CEBS, CMS, GBA or RPA designees	<input type="checkbox"/> US\$1,340**
Corporate nonmembers	<input type="checkbox"/> US\$1,340*
CEBS student (completed at least one CEBS course by September 1, 2019)	<input type="checkbox"/> US\$1,340**
<b>New CEBS, GBA or RPA Designees*</b>	<b>Special Registration Fee</b>
Graduate member	<input type="checkbox"/> US\$ 955
Graduate nonmember	<input type="checkbox"/> US\$1,140**

\*Earned designation between August 1, 2018 and September 1, 2019. (If you earned your designation after August 1, 2018 and elected to go to the Conferment and Symposium in Boston, you must pay the regular registration fee for New Orleans.)  
 \*\*Includes 2019 ISCEBS membership.  
 \*Includes a 2019 International Foundation membership for new members only.

### Payment

The Symposium registration fee must accompany this registration form. Registration fees can be paid by check or credit card. If you wish to pay the registration fee in Canadian funds, please use the equivalent Canadian rate in effect at the time you submit the registration fee.  
 Note: If you're unable to use a credit card for your hotel deposit, you may include one night's room rate in your check for the registration fee.

Approximately what year did you begin working in employee benefits? \_\_\_\_\_

This is my first Symposium.  
**Level of responsibility**  Senior management  Middle management  
 Operations  Other

### CEBS Conferment (Sunday, September 8, 5:00 p.m.)

Yes, I plan to attend the ceremony and reception.  
 Guests'/children's name(s) \_\_\_\_\_  
 I am a new  CEBS  GBA  RPA  ISCEBS Fellow

### Golf Outing

Please send me information on the golf outing.

### Special Guest Registration

I am registering as a "guest" and have been invited by the following Society member or International Foundation corporate member.

Name \_\_\_\_\_  
 Note: Your guest registration will not be processed until the member named has registered for the Symposium.

### Sunday Registration

Consulting Practice Owners Workshop  First-Time Attendee Luncheon

### Cancellation Policy

A US\$60 administrative charge is imposed on all cancellations. Refund deadline is two weeks prior to the meeting. For more information regarding administrative policies such as complaint and refund, please call the Society office at (262) 786-8771.

## HOTEL

US\$199 single/double occupancy  No hotel required  
 Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ Number of persons \_\_\_\_\_ Special requests/Dietary requests \_\_\_\_\_  
 A hotel deposit of one night's room rate is required.  
 Please use a credit card to secure your hotel deposit. The hotel accepts:  
 VISA  MasterCard  Discover  American Express  
 Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Special assistance?  
 Yes  No

## CONTINUING EDUCATION CREDIT

US\$25 continuing education service charge due at time of registration (if applicable). The International Society will apply for CE credit based on requests. You must indicate the profession for which credit is requested.

Actuary  Attorney/Lawyer  CFP  CIMA  CPA  Insurance Producer/Agent\*  HRCI  
 SHRM  Other, specify \_\_\_\_\_

Licensed in the state/province of \_\_\_\_\_ License/NPN/BAR/CPA # \_\_\_\_\_

\*Preapproval of programs/seminars is required in ALL insurance states. This process can take up to 90 days. Alberta requires the Society to submit sessions for review 15 days prior to the program. Late requests could preclude insurance producers/agents from earning credit. **NOTE: Requests made for CE credit on this form do not guarantee administration of credit.**

CE inquiries: (262) 786-6710, option 2, or e-mail [continuinged@ifebp.org](mailto:continuinged@ifebp.org).

**CEBS Compliance**—Visit [www.cebs.org/compliance](http://www.cebs.org/compliance) for additional information.

## PAYMENT INFORMATION

Make check payable to International Society.  
 Check # \_\_\_\_\_ US\$ \_\_\_\_\_  
 Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_  
 Cardholder's name (print) \_\_\_\_\_

## REGISTRATION/ORDER SUMMARY

Symposium fee US\$ \_\_\_\_\_  
 Continuing education service fee (US\$25) US\$ \_\_\_\_\_  
**Total (U.S. funds) US\$ \_\_\_\_\_**

