

28th ANNUAL
ISCEBS EMPLOYEE
BENEFITS

Symposium

AUGUST 9-12, 2009
MANDALAY BAY RESORT AND CASINO
LAS VEGAS, NEVADA

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SPECIAL GUEST REGISTRATION

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International Society
of Certified Employee Benefit Specialists

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REGISTRATION/2009

August 9-12, 2009

ISCEBS Employee Benefits Symposium (09SYMP)

Mandalay Bay Resort and Casino, Las Vegas, Nevada

CUSTOMER INFORMATION (Please print clearly)

Priority code **ISBR01** Individual ID# or CEBS® ID# _____
 First name _____ M.I. _____ Last name _____
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See our policies regarding your registration/cancellation/refund and privacy at www.iscebs.org/privacy.asp.

REGISTRATION INFORMATION

REGISTER NOW!

ISCEBS Member Rates
International Foundation Member Rates
 (Corporate plan sponsor members)
Special Guest Rates
Nonmember Rates
 CEBS, CMS, GBA or RPA Designees
 Corporate Plan Sponsors
 CEBS student (completed at least one CEBS course
 by August 1, 2009)

Through July 1	After July 1
<input type="checkbox"/> \$945	<input type="checkbox"/> \$1,045
<input type="checkbox"/> \$945	<input type="checkbox"/> \$1,045
<input type="checkbox"/> \$945	<input type="checkbox"/> \$1,045

New CEBS Graduates*
 CEBS Graduate Member
 CEBS Graduate Nonmember

Special Registration Fee
 \$745
 \$830**

*Earned CEBS designation between September 1, 2008 and August 1, 2009.
 (If you earned your designation after September 1, 2008 and elected to go to the Conferment and Symposium in Orlando, you must pay the regular registration fee for Las Vegas.)

**Includes 2009 ISCEBS membership.
 †Includes a 2009 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, August 9, 5:00 p.m.)
 Yes, I plan to attend the ceremony and reception.
 Guest's/Children's name(s) _____

Golf Outing
 Please send me information on the golf outing when it becomes available.

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 individual named has registered for the Symposium.

Cancellation Policy
 A \$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

\$129 Single/double occupancy No hotel required
 Arrival date _____ Departure date _____ Number of persons _____ Special 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 Amex Diner's Club
 Credit card # _____ Exp. date _____

	Smoke free?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Special assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTINUING EDUCATION CREDIT

\$25 continuing education service charge due at time of registration
 The International Society will apply for CE credit based on requests from registrants. Indicate profession for which you request credit:
 Attorney/lawyer in the state/province of _____ CPA/CA in the state/province of _____
 Insurance producer/agent with resident license in the state/province of _____
 (Please plan accordingly: Preapproval of programs/seminars is required in most insurance states. In Canada, program must be approved in Québec. In addition, Alberta requires the International Society to submit sessions for review 15 days prior to the program taking place.)
 Actuary Other (please indicate) _____ License/NPN# _____ Credit due date (mm/dd/yyyy) _____

Visit us on the Web at
www.iscebs.org

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

PAYMENT INFORMATION

Full payment must accompany order. Make check payable to International Society.
 Check # _____ \$ _____
 VISA MasterCard American Express (U.S. only)
 Credit card # _____ Exp. date _____
 Cardholder's name (print) _____

REGISTRATION/ORDER SUMMARY

Symposium \$ _____
 Continuing education service fee (\$25) \$ _____
Total (U.S. funds) \$ _____

Register online at www.iscebs.org.

Fax your registration form with credit card number: (262) 786-8650.

Mail the registration form with check or credit card number to:
 International Society, P.O. Box 681092
 Milwaukee, WI 53268-1092 USA

For information, e-mail iscebs@iscebs.org, or phone (262) 786-8771.

