

**INVITE A COLLEAGUE
OR CLIENT!
SPECIAL GUEST
REGISTRATION**

ANNOUNCING!

29th ANNUAL
ISCEBS EMPLOYEE
BENEFITS

Symposium

October 3-6, 2010
The Westin Charlotte
Charlotte, North Carolina

SPONSORED BY



International Society
of Certified Employee Benefit Specialists

ENDORSED BY

International Foundation
EDUCATION • BENEFITS • COMPENSATION



Accomplish More.

REGISTRATION/2010

October 3-6, 2010

ISCEBS Employee Benefits Symposium (10SYMP)

The Westin Charlotte, Charlotte, North Carolina

CUSTOMER INFORMATION (Please print clearly)

Priority code **ISBR 0** Individual ID# or CEBS® ID# _____
 First name _____ M.I. _____ Last name _____
 Employer _____
 Title _____
 Address _____ Business Home
 City _____ State/Province _____ Country _____ ZIP/Postal code _____
 Phone _____ Fax _____
 E-mail _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____

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)

Rate guaranteed through
December 31, 2009

- \$945
- \$945

Special guest rates

- \$945

Nonmember rates

CEBS, CMS, GBA or RPA designees
Corporate plan sponsors
CEBS student (completed at least one
CEBS course by October 1, 2010)

- \$1,090
- \$1,090 †
- \$1,090

New CEBS, CMS, GBA or RPA graduates*

Special Registration Fee

Graduate member
Graduate nonmember

- \$745
- \$830**

*Earned designation between July 1, 2009 and October 1, 2010.
(If you earned your designation after July 1, 2009 and elected to go to the Conferment and Symposium in Las Vegas, you must pay the regular registration fee for Charlotte.)

**Includes 2010 ISCEBS membership.

†Includes a 2010 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, October 3, 5:00 p.m.)

Yes, I plan to attend the ceremony and reception.

Guest's/Children's name(s) _____

I am a CEBS GBA RPA CMS

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

\$196 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) _____

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

Visit us on the Web at
www.iscebs.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.

