

REGISTRATION/2012

August 5-8, 2012

ISCEBS Employee Benefits Symposium (12SYMP)

Hilton San Francisco Union Square • San Francisco, California

CUSTOMER INFORMATION (Please print clearly)

Priority code **ISBR** 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/record retention/photo release and privacy at www.iscebs.org/policies.

REGISTRATION INFORMATION

REGISTER NOW!

ISCEBS Member Rates	<input type="checkbox"/> Through July 1	<input type="checkbox"/> \$995	<input type="checkbox"/> After July 1	<input type="checkbox"/> \$1,095
International Foundation Corporate Member Rates	<input type="checkbox"/>	<input type="checkbox"/> \$995	<input type="checkbox"/>	<input type="checkbox"/> \$1,095
Special Guest Rates	<input type="checkbox"/>	<input type="checkbox"/> \$795	<input type="checkbox"/>	<input type="checkbox"/> \$895
Nonmember Rates				
CEBS, CMS, GBA or RPA designees	<input type="checkbox"/>	<input type="checkbox"/> \$1,140	<input type="checkbox"/>	<input type="checkbox"/> \$1,240
Corporate nonmembers	<input type="checkbox"/>	<input type="checkbox"/> \$1,140*	<input type="checkbox"/>	<input type="checkbox"/> \$1,240
CEBS student (completed at least one CEBS course by August 1, 2012)	<input type="checkbox"/>	<input type="checkbox"/> \$1,140	<input type="checkbox"/>	<input type="checkbox"/> \$1,240
New CEBS, CMS, GBA or RPA Graduates*				
Graduate member	<input type="checkbox"/>	<input type="checkbox"/> \$795	<input type="checkbox"/>	<input type="checkbox"/>
Graduate nonmember	<input type="checkbox"/>	<input type="checkbox"/> \$880**	<input type="checkbox"/>	<input type="checkbox"/>

*Earned designation between October 1, 2011 and August 1, 2012.
 (If you earned your designation after October 1, 2011 and elected to go to the Conferment and Symposium in San Antonio, you must pay the regular registration fee for San Francisco.)
 **Includes 2012 ISCEBS membership.
 †Includes a 2012 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 5, 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.

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.

Unconference Registration—See page 11 for details.

Employer Open Discussion Small/Medium Large
 Consulting Practice Owners Forum

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

\$239 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 Discover Amex Diner's Club
 Credit card # _____ Exp. date _____

Smoke free? Yes No
 Special assistance?
 Yes 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. You must indicate the profession for which credit is requested.

Actuary Attorney/Lawyer CPA Insurance Producer/Agent* PHR/SPHR/GPHR CFP 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.

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 Discover 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) 364-1818

 Mail the registration form with check or credit card number to:
 International Society, P.O. Box 681092
 Chicago, IL 60695-2092 USA

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

