

ISCEBS REFERRAL CAMPAIGN

The Certified Employee Benefit Specialist® Program

New Referral – CEBS Student Information

Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal _____

E-Mail: _____

Phone: (____) _____

Referring Society Member Information

*Name: _____

*E-Mail: _____

Phone: _____

**Required information*

Please return this referral card to Jennifer Mathe – jenniferm@iscebs.org or fax (262) 786-8650

The new CEBS student needs to complete the [registration form](#) and [apply for their first exam](#). When the forms have been processed, your referral will be logged for the Membership Challenge / Society member.

