

REGISTRATION/2017 ISCEBS Employee Benefits Symposium (17SYMP)

September 17-20, 2017 | Hyatt Regency | Denver, Colorado



International Society
of Certified Employee Benefit Specialists

CUSTOMER INFORMATION (Please print clearly)

Priority code **ISBR2**

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 _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____
 On-site phone _____ Emergency contact _____ Contact phone _____

See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.iscebs.org/policies.

REGISTRATION INFORMATION

REGISTER NOW!

	Before Aug. 4, 2017	After Aug. 4, 2017
ISCEBS Member Rates	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,225
International Foundation Corporate Member Rates	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,225
Special Guest Rates	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,025
Nonmember Rates		
CEBS, CMS, GBA or RPA designees	<input type="checkbox"/> \$1,310**	<input type="checkbox"/> \$1,410**
Corporate nonmembers	<input type="checkbox"/> \$1,310*	<input type="checkbox"/> \$1,410*
CEBS student (completed at least one CEBS course by September 1, 2017)	<input type="checkbox"/> \$1,310**	<input type="checkbox"/> \$1,410**
New CEBS, CMS, GBA or RPA Graduates*		
Graduate member	<input type="checkbox"/> \$925	
Graduate nonmember	<input type="checkbox"/> \$1,060**	

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 17, 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 CMS 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/Chapter Volunteer Luncheon

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.

*Earned designation between September 1, 2016 and September 1, 2017. (If you earned your designation after September 1, 2016 and elected to go to the Conferment and Symposium in Baltimore, you must pay the regular registration fee for Denver.)

**Includes 2017 ISCEBS membership.

*Includes a 2017 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.*

HOTEL

- \$232 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 Amex

Credit card # _____ Exp. date _____

	Smoke-free property
	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. 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.

CEBS CPE Continuing education forms are not required to earn CEBS CPE credit. By checking this box you will be provided with continuing education forms in your registration packet. These forms can be turned in at the program for a CPE certificate for documentation and to assist you with self-reporting your CEBS CPE credits. *\$25 CE fee does not apply.* Visit www.cebscpe.org for additional information on reporting CEBS CPE credit hours.

PAYMENT INFORMATION

Full payment must accompany order. Make check payable to International Society.

- Check # _____ \$ _____

- VISA MasterCard Discover American Express

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.

