

37TH ANNUAL ISCEBS

Employee Benefits

# Symposium

August 26-29, 2018 | Boston, Massachusetts

 #18Symp



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PARTNERS IN EDUCATIONAL EXCELLENCE



**International Society**  
of Certified Employee Benefit Specialists

**International Foundation**  
OF EMPLOYEE BENEFIT PLANS



# REGISTRATION/2018 ISCEBS Employee Benefits Symposium (18SYMP)



**International Society**  
of Certified Employee Benefit Specialists

August 26-29, 2018 | The Westin Copley Place | Boston, Massachusetts

**CUSTOMER INFORMATION (Please print clearly)** Source code ISBR1

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) \_\_\_\_\_  
 Mobile phone \_\_\_\_\_ Emergency contact \_\_\_\_\_ Contact phone \_\_\_\_\_

See our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at [www.iscebs.org/policies](http://www.iscebs.org/policies).

**REGISTRATION INFORMATION**

**REGISTER NOW!**

	<b>Before July 13, 2018</b>	<b>After July 13, 2018</b>
<b>ISCEBS Member Rates</b>	<input type="checkbox"/> US\$1,155	<input type="checkbox"/> US\$1,255
<b>International Foundation Corporate Member Rates</b>	<input type="checkbox"/> US\$1,155	<input type="checkbox"/> US\$1,255
<b>Special Guest Rates</b>	<input type="checkbox"/> US\$ 955	<input type="checkbox"/> US\$1,055
<b>Nonmember Rates</b>		
CEBS, CMS, GBA or RPA designees	<input type="checkbox"/> US\$1,340**	<input type="checkbox"/> US\$1,440**
Corporate nonmembers	<input type="checkbox"/> US\$1,340*	<input type="checkbox"/> US\$1,440*
CEBS student (completed at least one CEBS course by September 1, 2018)	<input type="checkbox"/> US\$1,340**	<input type="checkbox"/> US\$1,440**
<b>New CEBS, CMS, GBA or RPA Graduates*</b>	<b>Special Registration Fee</b>	
Graduate member	<input type="checkbox"/> US\$ 955	
Graduate nonmember	<input type="checkbox"/> US\$1,140**	

\*Earned designation between September 1, 2017 and September 1, 2018. (If you earned your designation after September 1, 2017 and elected to go to the Conferment and Symposium in Denver, you must pay the regular registration fee for Boston.)  
 \*\*Includes 2018 ISCEBS membership.  
 \*Includes a 2018 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**

US\$279 single/double occupancy  US\$319 Riverview deluxe  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  American Express  
 Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Special assistance?  
 Yes  No

**CONTINUING EDUCATION CREDIT**

US\$25 continuing education service charge due at time of registration (if applicable). The International Society will apply for CE credit based on requests. You must indicate the profession for which credit is requested.  
 Actuary  Attorney/Lawyer  CFP  CIMA  CPA  Insurance Producer/Agent\*  PHR/SPHR/GPHR  
 SHRM-CP/SHRM-SCP  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. **NOTE: Requests made for CE credit on this form do not guarantee administration of credit.**  
 CE inquiries: (262) 786-6710, option 2, or e-mail [continuinged@ifebp.org](mailto:continuinged@ifebp.org).

**CEBS CPE (NO FEE)**  
 Visit [www.cebscpe.org](http://www.cebscpe.org)  
 for additional information.

**PAYMENT INFORMATION**

Make check payable to International Society.  
 Check # \_\_\_\_\_ US\$ \_\_\_\_\_  
 Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_  
 Cardholder's name (print) \_\_\_\_\_

**REGISTRATION/ORDER SUMMARY**

Symposium fee US\$ \_\_\_\_\_  
 Continuing education service fee (US\$25) US\$ \_\_\_\_\_  
**Total (U.S. funds) US\$ \_\_\_\_\_**

