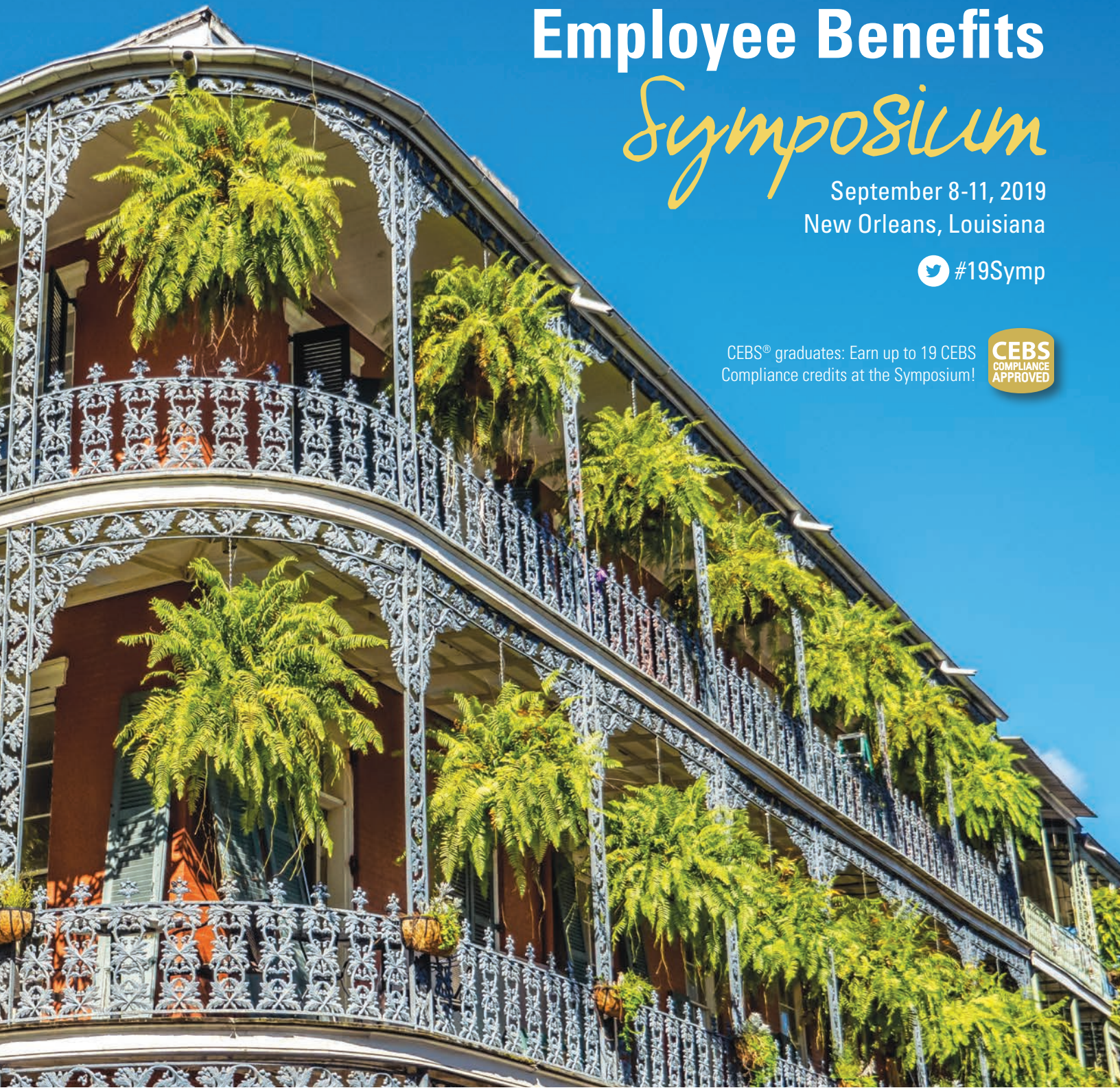


38TH ANNUAL ISCEBS Employee Benefits *Symposium*

September 8-11, 2019
New Orleans, Louisiana

 #19Symp

CEBS® graduates: Earn up to 19 CEBS
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PARTNERS IN EDUCATIONAL EXCELLENCE



International Society
of Certified Employee Benefit Specialists

International Foundation
OF EMPLOYEE BENEFIT PLANS



REGISTRATION/2019 ISCEBS Employee Benefits Symposium (19SYMP)

September 8-11, 2019 | Hyatt Regency New Orleans | New Orleans, Louisiana



International Society
of Certified Employee Benefit Specialists

ATTENDEE 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.

REGISTRATION INFORMATION

REGISTER NOW!

ISCEBS Member Rates	<input type="checkbox"/> US\$1,155
International Foundation Corporate Member Rates	<input type="checkbox"/> US\$1,155
Special Guest Rates	<input type="checkbox"/> US\$ 955
Nonmember Rates	
CEBS, CMS, GBA or RPA designees	<input type="checkbox"/> US\$1,340**
Corporate nonmembers	<input type="checkbox"/> US\$1,340*
CEBS student (completed at least one CEBS course by August 1, 2019)	<input type="checkbox"/> US\$1,340**
New CEBS, GBA or RPA Graduates*	Special Registration Fee
Graduate member	<input type="checkbox"/> US\$ 955
Graduate nonmember	<input type="checkbox"/> US\$1,140**

*Earned designation between August 1, 2018 and September 1, 2019. (If you earned your designation after August 1, 2018 and elected to go to the Conferment and Symposium in Boston, you must pay the regular registration fee for New Orleans.)

**Includes 2019 ISCEBS membership.

*Includes a 2019 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, September 8, 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 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

Cancellation Policy

A US\$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

US\$199 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 American Express

Credit card # _____ Exp. date _____

	Special assistance?
<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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* HRCI

SHRM 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.

<input type="checkbox"/>	CEBS Compliance —
	Visit 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\$ _____



www.iscebs.org



Secure fax (262) 364-1818



International Society
P.O. Box 681092, Chicago, IL 60695-2095



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