



CEBS® graduates: Earn up to 19 CEBS  
Compliance credits at the Symposium!

39TH ANNUAL  
**ISCEBS EMPLOYEE BENEFITS**

# Symposium



**GET ON BOARD! REGISTER NOW!**  
Rate guaranteed through December 31, 2019.

August 23-26, 2020 | San Diego, California

PARTNERS IN EDUCATIONAL EXCELLENCE

**International Society**  
of Certified Employee Benefit Specialists

**International Foundation**  
OF EMPLOYEE BENEFIT PLANS 

# REGISTRATION/2020

## ISCEBS Employee Benefits Symposium

August 23-26, 2020 | Hilton San Diego Bayfront | San Diego, California



### ATTENDEE INFORMATION (Please print clearly)

Source code **ISBR1 A**

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 \_\_\_\_\_  
Email \_\_\_\_\_ Emergency contact \_\_\_\_\_  
Mobile phone \_\_\_\_\_ 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>ISCEBS Member Rate</b>	<input type="checkbox"/> US\$1,185
<b>International Foundation Corporate Member Rate</b>	<input type="checkbox"/> US\$1,185
<b>Special Guest Rate</b>	<input type="checkbox"/> US\$ 985
<b>Nonmember Rates</b>	
CEBS, GBA or RPA designees	<input type="checkbox"/> US\$1,370**
Corporate nonmembers	<input type="checkbox"/> US\$1,370*
CEBS student	<input type="checkbox"/> US\$1,370**
<b>New CEBS, GBA or RPA Designees*</b>	<b>Special Registration Fee</b>
Graduate member	<input type="checkbox"/> US\$ 985
Graduate nonmember	<input type="checkbox"/> US\$1,170**

\*Earned designation between September 1, 2019 and August 1, 2020. (If you earned your designation after September 1, 2019 and elected to go to the Conferment and Symposium in New Orleans, you must pay the regular registration fee for San Diego.)

\*\*Includes 2020 ISCEBS membership.

\*Includes a 2020 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\$269 single/double occupancy  No hotel required  
Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ Number of persons \_\_\_\_\_ Special dietary requirements—specify \_\_\_\_\_  
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\*  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 email [continuinged@ifebp.org](mailto:continuinged@ifebp.org)

**CEBS Compliance**—Visit [www.cebs.org/compliance](http://www.cebs.org/compliance) 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\$ \_\_\_\_\_**

