International Society
of Certified Employee Benefit Specialists

18700 West Bluemound Rd | Brookfield, WI 53045
(262) 786-8771 | Email: iscebs@iscebs.org

Governing Council Nomination

International Society of Certified Employee Benefit Specialists

Nomination information (Please print clearly.)

First name of person nominated _____ Last name _____

Employer _____

Title _____

Address _____ ☐ Business ☐ Home

City _____ State/Province _____ Country _____ ZIP/Postal code _____

Phone _____

Email _____

Nominator information (Please print clearly.)

First name of nominator _____ Last name _____

Employer _____

Title _____

Address _____ ☐ Business ☐ Home

City _____ State/Province _____ Country _____ ZIP/Postal code _____

Phone _____

Email _____

Signature _____ Date _____

Note: This nomination will not be considered valid unless the profile information has been filled out and signed by the nominee and attached to this form. Nominations must be received by July 15, 2025.


www.iscebs.org


Email this signed nomination form to iscebs@iscebs.org


Mail this signed nomination form to: ISCEBS, 18700 West Bluemound Rd, Brookfield, WI 53045


For information, email iscebs@iscebs.org or phone (262) 786-8771.