

REGISTRATION/2012

58th Annual Employee Benefits Conference (01-1201)

CUSTOMER INFORMATION (Please print clearly)

Priority code **201 W** Individual ID# or CEBS® ID# _____
 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) _____


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

NOT A MEMBER? JOIN NOW TO ATTEND.

Individual \$295* Organizational \$755* Members-only conference—Join now to be eligible to attend. *Membership dues are reduced quarterly. Visit www.ifebp.org/join for current rates.

REGISTRATION INFORMATION

Organization representing _____ Organization # _____
 Badge name _____ Badge title _____
 Special dietary requirements—specify _____
 Form completed by _____ Phone _____

 Special assistance?
 Yes No

58TH ANNUAL EMPLOYEE BENEFITS CONFERENCE • NOVEMBER 11-14, 2012 • SAN DIEGO CONVENTION CENTER • SAN DIEGO, CALIFORNIA (01-1201)

Conference Registration Fee—Monday-Wednesday, November 12-14 **Until Sept. 30** **After Sept. 30**
 Member (fee includes a \$5 convention center rental fee)..... \$1,235 \$1,435

Preconference Registration—One-Day Workshops—Saturday OR Sunday, November 10 or 11

Saturday Workshop Session # PC.....	<input type="checkbox"/> \$ 360	<input type="checkbox"/> \$ 430
Sunday Workshop Session # PC.....	<input type="checkbox"/> \$ 360	<input type="checkbox"/> \$ 430

Preconference Registration—Two-Day Workshops—Saturday AND Sunday, November 10 and 11

PC15/16 New Trustees Institute.....	<input type="checkbox"/> \$ 720	<input type="checkbox"/> \$ 860
PC31/32 Introduction to Financial Planning (attendees under 50).....	<input type="checkbox"/> \$ 720	<input type="checkbox"/> \$ 860
PC35/36 Spouse registration (personal check/credit card).....Name _____	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 55
PC51/52 Preretirement Planning Workshop (attendees over 50).....	<input type="checkbox"/> \$ 720	<input type="checkbox"/> \$ 860
PC55/56 Spouse registration (personal check/credit card).....Name _____	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 55

Masters Programs—Saturday AND Sunday, November 10 and 11
 Each class is limited to 75. Must meet eligibility requirements below.


Administrators Masters Program® (AMP®) (01-12E2)	<input type="checkbox"/> \$ 970	<input type="checkbox"/> \$1,120	<input type="checkbox"/> \$1,170	<input type="checkbox"/> \$1,320
<input type="checkbox"/> I have at least five years of professional administrative experience.				
Trustees Masters Program® (TMP®) (01-12D2)	<input type="checkbox"/> \$ 970	<input type="checkbox"/> \$1,120	<input type="checkbox"/> \$1,170	<input type="checkbox"/> \$1,320
<input type="checkbox"/> I have been a trustee for at least five years and attended two International Foundation programs.				
TMP® Advanced Leadership Summit—Sunday ONLY (01-12D3)	<input type="checkbox"/> \$ 485	<input type="checkbox"/> \$ 560	<input type="checkbox"/> \$ 685	<input type="checkbox"/> \$ 760
<input type="checkbox"/> I have earned my TMP® pin.				

CAPPP™—Cert. of Achiev. in Public Plan Policy—Saturday AND Sunday, November 10 and 11

<input type="checkbox"/> Employee Health Part II (01-1218H) <input type="checkbox"/> Employee Pensions Part II (01-1218P).....	<input type="checkbox"/> \$ 925	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,275
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2012 CANCEL POLICY: Early cancel fee is \$50/meeting day. Within 30 days of meeting, cancel fee is 50% of registration fee.

HOTEL

Reservation deadline: October 4, 2012 Include \$350 hotel deposit
 Reservations confirmed on a first-come, first-served basis. Best available will be assigned. # of Adults _____ # of Children _____ Arrival date _____ Departure date _____
 1st choice/rate _____ 2nd choice/rate _____ 3rd choice/rate _____ 4th choice/rate _____ 5th choice/rate _____
 Special requests _____ King bed Two beds No
 Smoke free? Yes No

CONTINUING EDUCATION CREDIT

\$25 continuing education service charge due at time of registration (if applicable). The International Foundation will apply for CE credit based on requests. You must indicate the profession for which credit is requested.

Actuary Attorney CFA CFP CIMA CPA Insurance producer* PHR/SPHR/GPHR Other, specify _____
 Licensed in the state of _____ License/NPN/BAR/CPA # _____

*Preapproval of programs/seminars is required in ALL insurance states. This process can take up to 90 days. Late requests could preclude insurance producers from earning credit.

Note: Requests made for CE credit on this form do not guarantee administration of credit.


PAYMENT INFORMATION


Full payment in U.S. funds must accompany order. Make check payable to International Foundation.


Check # _____ \$ _____
 VISA MasterCard Discover American Express (U.S. only)
 Credit card # _____ Exp. date _____
 Cardholder's name (print) _____


REGISTRATION/ORDER SUMMARY

Membership fee \$ _____
 Registration fee \$ _____
 Preconf./TMP®/AMP®/CAPPP™ fee \$ _____
 Hotel deposit (\$350) \$ _____
 Continuing education service fee (\$25) \$ _____
Total (U.S. funds) \$ _____

 Register online at www.ifebp.org

 Fax your registration with credit card number: (262) 364-1818

 Mail the registration form with check or credit card number to:
 International Foundation—Conference
 P.O. Box 689954, Chicago, IL 60695-9954

 For registration information, e-mail edreg@ifebp.org, or phone toll free (888) 334-3327, option 2, or (262) 786-6710, option 2

