

REGISTRATION/2012

ATMS® Program

CUSTOMER INFORMATION (Please print clearly)

Priority code **2 A T M 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 AND SAVE!

Individual \$295* Organizational \$780* Join now and pay the lower member rate.
 *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

Course Name	Victoria, British Columbia	Halifax, Nova Scotia
HST	12%	15%
ATMS Part I	<input type="checkbox"/> May 22-23, 2012 #60-1292	
ATMS Part II Group Benefits	<input type="checkbox"/> May 22-23, 2012 #60-1284	
ATMS Part II Pensions	<input type="checkbox"/> May 22-23, 2012 #60-1278	<input type="checkbox"/> August 10-11, 2012 #15-12C9
ATMS Part III Pensions		<input type="checkbox"/> August 10-11, 2012 #15-12B1
ATMS Part IV		<input type="checkbox"/> August 10-11, 2012 #15-12B8

Registration fee	Early fee		Late (within 45 days of meeting)	
	Member	Nonmember	Member	Nonmember
ATMS® (Advanced Trustee Management Standards)	<input type="checkbox"/> \$1,220	<input type="checkbox"/> \$1,420	<input type="checkbox"/> \$1,420	<input type="checkbox"/> \$1,620
<input type="checkbox"/> I meet the eligibility requirements for the programs selected.				

ATMS® Quality Series Update for Graduates of ATMS® **25-1293**
Sunday, November 18, 2012, Lake Buena Vista, Florida \$ 610 \$ 710 \$ 810 \$ 910
 I am eligible to attend, having completed an ATMS® Certificate.

2012 Policy: Early cancel fee is \$50/meeting day. Within 30 days of meeting, cancel fee is **50%** of registration fee.

HOTEL

of Adults _____ # of Children _____ King bed Two beds
 Arrival date _____ Departure date _____
 Special requests—describe _____

RELATED READING

Handbook of Canadian Pension and Benefit Plans 14th Edition Item #8737 \$164 (I.F. Members \$157)
 (price includes shipping and handling)

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.

Insurance agent* **Lawyer** **Other, specify** _____
 Licensed in the province of _____ License # _____


*Please plan accordingly: Program must be approved in Québec. Alberta requires International Foundation to submit sessions for review 15 business days prior to program taking place.

PAYMENT INFORMATION


Full payment must accompany order.
 Make cheque payable to International Foundation.
 Exempt from tax. For meetings held in Canada, attach exemption certificate
 Cheque # _____ \$ _____
 VISA MasterCard Discover
 Credit card # _____ Exp. date _____
 Cardholder's name (print) _____


REGISTRATION/ORDER SUMMARY

Registration fee \$ _____
 Registration fee \$ _____
 Book \$ _____
 Subtotal \$ _____
 HST (if applicable) \$ _____
 Membership fee \$ _____
 Hotel deposit (\$350) \$ _____
 Continuing ed. fee (\$25) \$ _____
Total (Canadian funds) \$ _____

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

 Register online at www.ifebp.org

 Mail the registration form with cheque to:
 International Foundation—Conference,
 P.O. Box 2406, Station A, Toronto, ON M5W 2K6 CANADA

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