

REGISTRATION/2010 Health Care Management Conference

(31-1031)

CUSTOMER INFORMATION (Please print clearly)

Priority code **031 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 and privacy at www.ifebp.org/policies.

REGISTRATION INFORMATION

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

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

Health Care Management Conference

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	Until February 8	After February 8
Member Fee	\$1,110	\$1,260
Nonmember Fee	\$1,305	\$1,455

(Fee includes reception, course materials, continental breakfast and lunch.)

2010 POLICY: Cancel fee (\$50/meeting day) is **TRIPLED** (\$150/meeting day) if registration is canceled within 30 days of meeting.

HOTEL

Reservation Deadline: February 19, 2010 • Include \$350 Hotel Deposit

Loews New Orleans—\$215 single/double
 # of Adults _____ # of Children _____ King bed Two beds
 Arrival date _____ Departure date _____
 Special requests—describe _____

	Smoke free?
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

RELATED READING

- Wellness Programs** Item #6610 \$156 (I.F. Members \$65)
- Healthy Employees, Healthy Business:**
Easy, Affordable Ways to Promote Workplace Wellness Item #8821 \$40.99 (I.F. Members \$39.99)

(All book prices include shipping and handling.)

CONTINUING EDUCATION CREDIT

- \$25 continuing education service charge due at time of registration
- The International Foundation will apply for CE credit based on requests from registrants.
 Indicate profession for which you request credit:
- Attorney in the state of _____ CPA in the state of _____
 - Insurance producer with resident license in the state of _____
 (Please plan accordingly: Preapproval of programs/seminars is required in all insurance states.
 This process can take up to 90 days.)
 - Actuary Other (please indicate) _____
- License/NPN/Bar/CPA # _____ Credit due date (mm/dd/yyyy) _____
 CE inquiries: (262) 786-6710, option 2; or e-mail continuinged@ifebp.org.

PAYMENT INFORMATION

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

- Check # _____ \$ _____
- VISA MasterCard American Express (U.S. only)

Credit card # _____
 Exp. date _____
 Cardholder's name (print) _____

REGISTRATION/ORDER SUMMARY

Registration fee \$ _____
 Hotel deposit (\$350) \$ _____
 Book \$ _____
 Book \$ _____
 Continuing education fee (\$25) \$ _____
Total (U.S. funds) \$ _____



Register online at www.ifebp.org



Mail the registration form with check or credit card number to:
 International Foundation—Conference,
 P.O. Box 68-9954, Milwaukee, WI 53268-9954



Fax your registration with credit card number:
 (262) 786-8650



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

International Foundation

EDUCATION - BENEFITS • COMPENSATION

