

Continuing Education (CE) Credit

The International Foundation will apply for CE credit based on requests indicated below. **CE is ONLY available for in-person sessions.**

Actuary Attorney CFP CIMA CPA HRCI Insurance producer* SHRM

Other, specify _____

Licensed in the state(s) 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.**

CEBS Compliance Certificate Request

CEBS Compliance—Visit www.cebs.org/compliance for additional information. Credits for this activity are self-reported.

Hotel

Reservation deadline is **September 23, 2024**. (Include \$500 hotel deposit.) Visit www.ifebp.org/sandiegohotels for hotel options.

Reservations confirmed on a first-come, first-served basis. Best available will be assigned.

1st choice hotel name _____

2nd choice hotel name _____

3rd choice hotel name _____

4th choice hotel name _____

of Adults # of Children Arrival date / / Departure date / /

King bed Two beds Room type (if applicable) _____

Special requests _____

Registration Summary

| | | |
|----------------------|----|----------------------|
| Membership fee | \$ | <input type="text"/> |
| Conference fee | \$ | <input type="text"/> |
| Preconference fee(s) | \$ | <input type="text"/> |
| Hotel deposit | \$ | <input type="text"/> |
| Total Funds | \$ | <input type="text"/> |

Payment Must Accompany Order

Cancellation fees apply. Make check payable to International Foundation.

I understand and agree to all the International Foundation policies listed at www.ifeb.org/policies. (Required to register.)

Check # _____ \$

Credit card # Exp. date /

Cardholder's name (print) _____