REGISTRATION/2024





Attendee Information (Please print clearly.)				
Attendee ID# Phone Phone	-	Busin	ness 🗆 Ho	ome 🗆 Mobile
Full first name M.I Last name				
Organization/Fund name Title				
Attendee mailing address		🗆 I	Business 🗆	Fund Home
City State/Province Cou	ntry	ZIP/Postal	code	
Attendee email				
Badge name (first name) Badge title				
Special assistance—specify				
Special dietary requirements—specify				
Not a Member? Join Now and Save! Membership prices are prorated—Fees will be adjuste	d when reg	istration is pro	ocessed.	
☐ Individual \$325 ☐ Organizational \$1,145				
Bill to Information				
Bill to contact will receive a copy of the invoice and hotel information for this registration.				
Bill to contact Email				
Bill to organization ID# Bill to organization name				
70th Annual Employee Benefits Conference San Diego Convention Center San Diego, California	rnia			
Conference Registration Fee—Sunday-Wednesday, November 10-13, 2024 ☐ In-person members-only conference (01-2401) ☐ Virtual conference (01-2401VC)	Through September 30, 2024 After September 30, 2024 ☐ \$1,795 ☐ \$2,095			
Preconference Registration—One-Day Workshop—Saturday, November 9 AND/OR Sunday, November 10		Nonmember	Member	Nonmember
Saturday Workshop (Choose one option below.) ☐ Cybersecurity and Social Engineering Fraud (PC01) ☐ Mental Health First Aid at Work (PC03) ☐ Overcoming Bias in the Workplace (PC05)	□ \$ 525	□ \$ 635	□ \$ 675	□ \$ 785
Sunday Workshop (Choose one option below.) ☐ Attorneys Only—Ethics and Diversity in Employee Benefits (PC02) ☐ Mental Health First Aid at Work (PC04) ☐ A Way With Words, How to Say What You Mean to Get What You Want (PC06)	□ \$ 525	□ \$ 635	□ \$ 675	□ \$ 785
Preconference Registration—Two-Day Workshop—November 9-10 Health, Wealth and Happiness—Planning Your Path to a Successful Retirement—Attendee only (PC53) Health, Wealth and Happiness—Planning Your Path to a Successful Retirement— Attendee plus spouse/guest registration (PC55)	□ \$1,050 □ \$1,140	□ \$1,270 □ \$1,360	□ \$1,350 □ \$1,440	□ \$1,570 □ \$1,660
Trustees Institutes—Saturday-Monday, November 9-11				• • • • • • • • • • • • • • • • • • • •
New Trustees Institute—Level II: Core Concepts Saturday-Monday (01-24N8) Trustees Institute—Level II: Concepts in Practice Saturday-Sunday (01-24N9)	□ \$1,695 □ \$1,695	□ \$2,025 □ \$2,025	□ \$1,995 □ \$1,995	□ \$2,325 □ \$2,325
Masters Programs—Saturday AND Sunday, November 9-10 Must meet eligibility requirements. Trustees Masters Program (TMP) (01-24D2) TMP Advanced Leadership Summit—Sunday ONLY (01-24D3)	□ \$1,695 □ \$ 850	□ \$1,915 □ \$ 960	□ \$1,995 □ \$1,000	□ \$2,215 □ \$1,110
Certificate of Achievement in Public Plan Policy (CAPPP*)—Saturday AND Sunday, November 9-10 Health Part II (01-2418H) Pensions Part II (01-2418P)	□ \$1,295	□ \$1, 515	□ \$1,595	□ \$1,815

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 \$
Conference fee \$
Preconference fee(s) \$
Hotel deposit \$
Total Funds \$
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)





