

REGISTRATION/2025

Washington Legislative Update

International Foundation
OF EMPLOYEE BENEFIT PLANS 

Attendee Information (Please print clearly.)

Attendee ID# Phone - ☐ Business ☐ Home ☐ Mobile

Full first name M.I. Last name


Organization/Fund name Title

Mailing address ☐ Business ☐ Fund ☐ Home

City State/Province Country 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!

To receive member rates and more, visit www.ifebp.org/join.

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

Washington Legislative Update | Washington, D.C.

Conference Registration Fee—Monday-Tuesday, May 19-20, 2025

	Through April 7		After April 7	
	Member	Nonmember	Member	Nonmember
Registration fee (12-2512)	<input type="checkbox"/> \$1,460	<input type="checkbox"/> \$1,680	<input type="checkbox"/> \$1,760	<input type="checkbox"/> \$1,980

Continuing Education (CE) Credit

The International Foundation will apply for CE credit based on requests indicated below.

☐ Actuary ☐ Attorney/Lawyer ☐ CFP ☐ CIMA ☐ CPA ☐ HRCI ☐ Insurance producer* ☐ SHRM

☐ Other, specify

Licensed in the state(s)/province(s) of

License/NPN/BAR/CPA #

*Preapproval of programs/seminars is required in ALL insurance states/provinces. 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

The Mayflower Hotel, Autograph Collection—Washington, D.C. (\$389 single/double) Reservation deadline is **April 15, 2025**. (Include \$500 hotel deposit.)

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

☐ King bed ☐ Two beds Room type (if applicable)

Special requests

Registration continued on next page

Registration Summary

Conference fee	\$				
Hotel deposit (\$500)	\$				
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.ifebp.org/policies. (Required to register.)

☐ Check # _____ \$ _____

☐ Credit card # Exp. date /

Cardholder's name (print) _____



www.ifebp.org



International Foundation
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Questions? Email
edreg@ifebp.org, or
phone (888) 334-3327, option 2.