

# MEETING CANCELLATION

## Health Benefits Conference & Expo (HBCE)

If someone will attend in your place,  
DO NOT use this form. Contact [info@HBCE.com](mailto:info@HBCE.com)  
or call (844) 778-7795.

### Customer information (Please print clearly)

Individual ID# or CEBS® ID# \_\_\_\_\_  
Full first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  Business  Home  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
Phone \_\_\_\_\_  Business  Home  Mobile  
E-mail \_\_\_\_\_  
Form completed by \_\_\_\_\_ Phone \_\_\_\_\_

See our policies regarding your registration/cancellation/refund at [www.HBCE.com/registrationinformation](http://www.HBCE.com/registrationinformation).

### Conference Cancellation Information

Date cancel requested: \_\_\_\_\_

I am canceling (check all that apply):

Conference registration for  
Health Benefits Conference & Expo  
Meeting dates: \_\_\_\_\_

Preconference (if applicable)  
Preconference title(s): \_\_\_\_\_

Reason for cancellation (must choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> Business conflict                      | <input type="checkbox"/> Employee no longer with this organization |
| <input type="checkbox"/> Economic conditions                    | <input type="checkbox"/> Weather/travel delays                     |
| <input type="checkbox"/> Family illness/medical emergency/death | <input type="checkbox"/> Other _____                               |

Action to be taken (must choose one). Cancellation/transfer fees apply. See cancellation policies at [www.HBCE.com](http://www.HBCE.com).

Cancel and transfer fees are based on registration fee paid: 60+ days of meeting is 10%; 31-59 days of meeting is 25%; within 30 days of meeting is 50%.  
Registration fee is forfeited once program commences.

- |  |  |
|--|--|
| <input type="checkbox"/> Please transfer my registration to next year's HBCE conference. | <input type="checkbox"/> Please cancel and refund.<br>Special refund instructions: _____ |
|--|--|

Please e-mail this completed form to [info@HBCE.com](mailto:info@HBCE.com), or fax it to (262) 786-8650.

