

REGISTRATION/2018

Health Benefits Conference & Expo (HBCE)



International Foundation
OF EMPLOYEE BENEFIT PLANS

Customer Information (Please print clearly)

Source code **18G3W**

Full first name _____ M.I. _____ Last name _____
 Employer _____
 Title _____
 Address _____ Business Home
 City _____ State _____ Country _____ ZIP/Postal code _____
 Phone _____ Fax _____
 E-mail _____

(Unique e-mail needed for each attendee.)

Registration Information

Badge name _____ Badge title _____
 Special dietary requirements—specify _____
 Form completed by _____ Phone _____
 To qualify for team discount, please provide name(s) of other attendees from your organization: _____

Special assistance?
 Yes No

(A separate registration form is required for each individual attending from the same organization, and registrations must be received at the same time.)

SUBSTITUTION AND CANCELLATION: For information on cancellation and substitutions, please visit hbce.com.

Conference Registration Rates

Health Benefits Conference & Expo | January 22-24, 2018 | Clearwater Beach, Florida

	Super Early Bird Register by August 31, 2017		Early Bird Register by December 19, 2017		Conference Rate Register after December 19, 2017	
	Individual	Team*	Individual	Team*	Individual	Team*
Gov't/Public (PI/PT)	<input type="checkbox"/> \$375	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	<input type="checkbox"/> \$315	<input type="checkbox"/> \$495	<input type="checkbox"/> \$395
Corporate/Private (CI/CT)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$335	<input type="checkbox"/> \$445	<input type="checkbox"/> \$355	<input type="checkbox"/> \$545	<input type="checkbox"/> \$435
Service Provider (SI/ST)	<input type="checkbox"/> \$550	<input type="checkbox"/> \$435	<input type="checkbox"/> \$595	<input type="checkbox"/> \$475	<input type="checkbox"/> \$695	<input type="checkbox"/> \$555
NWI CWWS Preconference (PCSM/PC03)			<input type="checkbox"/> \$955			
Morning Preconference (PCAM/PC01)			<input type="checkbox"/> \$155		<input type="checkbox"/> \$195	
Afternoon Preconference (PCPM/PC02)			<input type="checkbox"/> \$155		<input type="checkbox"/> \$195	
Virtual Conference only (18G3VC)			<input type="checkbox"/> \$375			

Hotel

Sheraton Sand Key Resort

Ask for the special conference rate of \$190—single or double—and mention the “Health Benefits Conference & Expo” HA15AA. A (1) one-night deposit is required. Reserve early for the conference rate and a lower government rate (ID required). Hotel deadline is December 15, 2017. Phone: (727) 595-1611. If sold out, call HBCE for an excellent alternative at (262) 373-7611 or toll-free at (844) 778-7795.

Continuing Education Credit (for HBCE conference sessions)

HBCE will apply for CE credit for program content based on requests. You must indicate the profession(s) for which credit is requested. \$25 continuing education service charge due at time of registration (if applicable). NWI will handle CE credit for the CWWS Preconference. (See www.nationalwellness.org/worksites for more information).

Actuary Attorney CEBS CPE (fee does not apply) CFP CHES/MCHES CIMA CPA Insurance producer**
 NWI PHR/SPHR/GPHR SHRM-CP/SHRM-SCP Other, specify _____

Licensed in the state 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.

Payment Information

Full payment in U.S. funds must accompany order. Please make checks payable to Health Benefits Conference & Expo.

Public Sector Employer's Purchase Order # _____ (Please send/fax copy with this form.)

Please invoice/bill my company.

TAX DEDUCTIBILITY: Expenses of training, including tuition, lodging and meals, incurred to maintain or improve skills in your profession may be tax-deductible. Consult your tax advisor.

Check # _____ Total \$ _____

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

Policies and Details

FEE: Your registration fee includes access to all of the conference sessions, the Virtual Conference, the exhibit area, continental breakfasts, lunch (day two only), refreshment breaks, receptions and all conference materials.

***TEAM PRICING:** Team pricing is available if four or more individuals from your organization will be attending.

Registration/Order Summary

Registration fee \$ _____
 Preconference fee \$ _____
 Virtual Conference only fee \$ _____
 CE service fee (\$25) \$ _____
Total \$ _____



Register online at:
www.hbce.com
 E-mail to: info@HBCE.com



Secure fax
 (262) 364-1818



International Foundation
 P.O. Box 689954,
 Chicago, IL 60695-9954



Questions, contact us at:
www.hbce.com
 (844) 778-7795.