

REGISTRATION/2019

Health Benefits Conference & Expo (HBCE)



International Foundation
OF EMPLOYEE BENEFIT PLANS

Attendee Information (Please print clearly)

Source code **19G3 W**

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

(Unique e-mail needed for each attendee.)

Form completed by _____ Phone _____

Registration Information

Badge name _____ Badge title _____

Special assistance—specify _____

Special dietary requirements—specify _____

To qualify for team discount, please provide name(s) of other attendees from your organization: _____

(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: NEW! Policies have changed. For information on cancellation and substitutions, please visit hbce.com.

Conference Registration Rates

Health Benefits Conference & Expo | January 28-30, 2019 | Clearwater Beach, Florida

	Early Bird Register by December 19, 2018		Conference Rate Register after December 19, 2018	
	Individual	Team*	Individual	Team*
Gov't/Public (PI/PT)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$340	<input type="checkbox"/> \$525	<input type="checkbox"/> \$420
Corporate/Private (CI/CT)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$375	<input type="checkbox"/> \$575	<input type="checkbox"/> \$460
Service Provider (SI/ST)	<input type="checkbox"/> \$625	<input type="checkbox"/> \$500	<input type="checkbox"/> \$725	<input type="checkbox"/> \$580
Sunday/Monday Certificate Series— Health Care Cost Management (1983)	<input type="checkbox"/> \$1,250		<input type="checkbox"/> \$1,550	
Monday Morning Preconference (PCAM/PCO1)	<input type="checkbox"/> \$165		<input type="checkbox"/> \$195	
Monday Afternoon Preconference (PCPM/PCO2)	<input type="checkbox"/> \$165		<input type="checkbox"/> \$195	

Hotel

Sheraton Sand Key Resort

Ask for the special conference rate of \$195—single or double—and mention the “Health Benefits Conference & Expo” HA21AA. A (1) one-night deposit is required. Reserve early for the conference rate and a lower government rate (ID required). Hotel deadline is December 28, 2018. 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 based on requests indicated below.

- Actuary Attorney CFP CHES/MCHES CIMA CPA HRCI
 Insurance producer** NWI SHRM Other, specify _____

CEBS Compliance—Visit www.cebs.org/compliance for additional information.

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 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 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 \$ _____
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.