<b>REGISTRATION/2025</b> 71st Annual Employee Benefits Conference	Inter of em	<b>mational</b> I IPLOYEE BE	Foundat	ion ion
Attendee Information (Please print clearly.)				
Attendee ID# Phone	-	🔄 🗆 Busi	ness 🗆 He	ome 🗌 Mobile
Full first name M.I Last name				
Organization/Fund name Title	9			
			Business	Fund 🗆 Home
City State/Province Cou	untry	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 adjusted	ed when real	stration is pro	cessed	
□ Individual \$325 □ Organizational \$1,225		Strution is pro		
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#				
71st Annual Employee Benefits Conference   Hawai'i Convention Center   Honolulu, Hawaii				
Conference Registration Fee—Sunday-Wednesday, November 9-12, 2025 In-person, members-only conference (01-2501) Virtual, members-only conference (01-2501VC)		hrough September 29, 2025 After September 29, 2025		
Preconference Registration—One-Day Workshop—Saturday, November 8 AND/OR Sunday, November 9		Nonmember	• • • • • • • • • • • • • • •	
	Member		Member	Nonmember
Saturday Workshop (Choose one option below.) Cybersecurity and Social Engineering Fraud (PC01) Mental Health First Aid at Work (PC03) Break Through Conflict (PC05) How to Work With Your Pharmacy Benefits Manager (PC07) Trustee and Administrator Succession Planning Workshop (PC09)	Member	\$650	Member	Nonmember
<ul> <li>Cybersecurity and Social Engineering Fraud (PC01)</li> <li>Mental Health First Aid at Work (PC03)</li> <li>Break Through Conflict (PC05)</li> <li>How to Work With Your Pharmacy Benefits Manager (PC07)</li> </ul>				
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Continuing Education (CE) Credit
The International Foundation will apply for CE credit based on requests indicated below. CE credit 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
<b>CEBS Compliance</b> —Visit www.cebs.org/compliance for additional information. Credits for this activity are self-reported.
Hotel
Reservation deadline is <b>September 29, 2025.</b> (Include \$500 hotel deposit.) Visit www.ifebp.org/HawaiiHotels for hotel options. Please list a different hotel choice on each line. If you have different view choices please list them next to each hotel name. 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.ifebp.org/policies. (Required to register.)
□ Check # \$
□ Credit card #
Cardholder's name (print)



