REGISTRATION/2025

71st Annual Employee Benefits Conference



Attendee Information (Please print clearly.)						
Attendee ID#	Phone - -		☐ Busi			Mobile
	M.I Last name					
Organization/Fund name	Title					
Attendee mailing address	1 1 1			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!						
Membership prices are prorated, visit https://www.ifebp.org/me ☐ Individual \$325 ☐ Organizational \$1,225	embership/join to view prorated rates.—Fees will	be adjus	ted when registr	ration is proc	essed.	
Bill to Information						
Bill to contact will receive a copy of the invoice and hotel information	on for this registration.					
Bill to contact	Email					
Bill to organization ID#	ill to organization name					
71st Annual Employee Benefits Conference Hawai'i C	Convention Center Honolulu, Hawaii					
${\bf Conference\ Registration\ Fee} {\bfSunday-Wednesday,\ November}$		• .	tember 29, 2025	-		2025
☐ In-person, members-only conference (01-2501) ☐ Virtual	l, members-only conference (01-2501VC)		\$1,850 ·····	\$	2,150 · · · · · · · · ·	
Preconference Registration—One-Day Workshop—Saturday, I	November 8 AND/OR Sunday, November 9	l ember	Nonmember	Member	Nonmen	nber
Saturday Workshop (Choose one option below.) Cybersecurity and Social Engineering Fraud (PC01) Mental Health First Aid® at Work (PC03) Navigating Challenging Conversations: Breakthrough Con Working With Your Pharmacy Benefit Manager (PC07) Trustee and Administrator Succession Planning Worksho		\$540	□ \$650	□ \$690	□ \$6	800
Sunday Workshop (Choose one option below.)		\$540	□ \$650	□ \$690	□ \$	800
 □ Attorneys Only—Ethics and Diversity in Employee Benefit □ Mental Health First Aid® at Work (PC04) □ Persuasion and Influence (PC06) □ Understanding and Engaging Today's Workforce (PC08) 	rs (PCO2)					
Preconference Registration—Two-Day Workshop—November	8-9					
Health, Wealth and Happiness—Planning Your Path to a Succest Health, Wealth and Happiness—Planning Your Path to a Succes	ssful Retirement—	\$1,080	\$1,300	□ \$1,380	☐ \$ 1,0	600
Attendee plus spouse/guest registration (PC55)		\$1,175	☐ \$1,395	\$1,475	□ \$1,0	695
Trustees Institutes—Friday-Sunday, November 7-9						
New Trustees Institute—Level I: Core Concepts Friday-Sunda	y (01-25N8)	\$1,750 \$1,750	□ \$2,080 □ \$2,080	□ \$2,050 □ \$2,050	□ \$2,: □ \$2,:	
New Trustees Institute—Level I: Core Concepts Friday-Sunda	y (01-25N8)					

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
☐ CEBS Compliance —Visit www.cebs.org/compliance for additional information. Credits for this activity are self-reported.
Hotel
Reservation deadline is September 29, 2025. (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 \$ \[\begin{array}{ c c c c c c c c c c c c c c c c c c c
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)





