REGISTRATION/2025



Understanding Negotiated Employee Benefits

Attendee Information (Please pri	int clearly.)	
Attendee ID#	Phone	
Full first name	M.I Last name	
Organization/Fund name	Title	
Mailing address	□ 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	<i></i>	
Not a Member? Join Now and S	ave!	
To receive member rates and more	e, visit www.ifebp.org/join.	
Bill to Information		
Bill to contact will receive a copy of th	e invoice and hotel information for this registration.	
Bill to contact	Email	
Bill to organization ID#	Bill to organization name	
Understanding Negotiated Employee Benefits Brookfield, Wisconsin		
Conference Registration Fee—Tuesda		
	Through June 3 After June 3 Member Nonmember Member Nonmember	
Registration fee (19-2519)	☐ US\$1,460 ☐ US\$1,680 ☐ US\$1,760 ☐ US\$1,980	
Continuing Education (CE) Credi		
The International Foundation will apply	for CE credit based on requests indicated below.	
☐ Actuary ☐ Attorney/Lawyer	□ CFP □ CIMA □ CPA □ HRCI □ Insurance producer* □ SHRM	
Other, specify		
Licensed in the state(s)/province(s) of		
License/NPN/BAR/CPA #		
	quired in ALL insurance states/provinces. This process can take up to 90 days. Late requests could preclude insurance producers from rCE credit on this form do not guarantee administration of credit.	
CEBS® Compliance Certificate Re	equest	
☐ CEBS Compliance —Visit www.	cebs.org/compliance for additional information. Credits for this activity are self-reported.	

Embassy Suites—Brookfield, Wisconsin (US\$139 single/double) Reservation deadline is June 21, 2025.

Please visit our hotel/travel tab at www.ifebp.org/NegotiatedEmployeeBenefits to book your hotel reservations online. For hotel questions, contact the Registration Department at (888) 334-3327, option 2, or edreg@ifebp.org.

Registration Summary		
Payment Must Accompany Order		
Cancellation fees apply. See www.ifebp.org/policies. Make check payable to International Foundation.		
Cardholder's name (print)		





