

REGISTRATION/2026

72nd Annual Employee Benefits Conference

Attendee Information (Please print clearly.)

Individual ID# or CEBS® ID# _____ Phone _____ ☐ Business ☐ Home ☐ Mobile
Full first name _____ M.I. _____ Last name _____
Employer _____ Title _____
Address _____ ☐ Business ☐ Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Email _____
 Special assistance—specify _____
Badge name _____ Badge title _____
Special dietary requirements—specify _____

Not a Member? Join Now and Save!

Membership prices are prorated—Fees will be adjusted when registration is processed.

☐ Individual \$325 ☐ Organizational \$1,275

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# _____ Bill to organization name _____

72nd Annual Employee Benefits Conference | New Orleans Ernest N. Morial Convention Center | New Orleans, Louisiana

Conference Registration Fee—Sunday-Wednesday, October, 25-28, 2026

Through September 14, 2026

After September 14, 2026

- ☐ In-person, members-only conference (01-2601)
☐ Virtual, members-only conference (01-2601VC)

☐ \$1,925

☐ \$2,225

Preconference Registration—One-Day Workshop— Saturday, October 24 AND/OR Sunday, October 25

Through September 13, 2026

After September 13, 2026

Member Nonmember

Member Nonmember

Saturday Workshop (Choose one option below.)

☐ \$560 ☐ \$670 ☐ \$710 ☐ \$820

- ☐ Mental Health First Aid® at Work (PC01)
☐ Cybersecurity and Social Engineering Fraud (PC03)
☐ Understanding and Using the 7 Benchmarks for a Well Workplace (PC05)
☐ You've Been Summoned—Best Practices in Litigation, Depositions and Trial Testimony (PC07)
☐ Trustee and Administrator Succession Planning Workshop (PC09)

Sunday Workshop (Choose one option below.)

☐ \$560 ☐ \$670 ☐ \$710 ☐ \$820

- ☐ Mental Health First Aid® at Work (PC02)
☐ Benefit Plan Mergers Workshop (PC04)
☐ Understanding and Engaging Today's Workforce (PC06)
☐ Attorneys Only—Ethics and Diversity in Employee Benefits (PC44)

Preconference Registration—Two-Day Workshop—Saturday-Sunday, October 24-25

- | | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| ☐ Health, Wealth and Happiness—Planning Your Path to a Successful Retirement—
Attendee only (PC53) | ☐ \$1,120 | ☐ \$1,340 | ☐ \$1,420 | ☐ \$1,640 |
| ☐ Health, Wealth and Happiness—Planning Your Path to a Successful Retirement—
Attendee plus spouse/guest (PC55) | ☐ \$1,240 | ☐ \$1,460 | ☐ \$1,540 | ☐ \$1,760 |

Employee Benefits Courses and Certificates—Saturday-Sunday, October 24-25

- | | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| ☐ Introduction to Public Sector Benefits Administration (26P6) | ☐ \$1,495 | ☐ \$1,715 | ☐ \$1,795 | ☐ \$2,015 |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|

Public Plan Trustees Institutes—Saturday-Sunday, October 24-25

- | | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| ☐ Public Plan Trustees Institute—Level I (26PP1C) | ☐ \$1,495 | ☐ \$1,715 | ☐ \$1,795 | ☐ \$2,015 |
| ☐ Public Plan Trustees Institute—Level II (26PP2C) | | | | |

Trustees Institutes—Friday-Sunday, October 23-25

- | | | | | |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| ☐ New Trustees Institute—Level I: Core Concepts Friday-Sunday (01-26N8) | ☐ \$1,795 | ☐ \$2,125 | ☐ \$2,095 | ☐ \$2,425 |
| ☐ Trustees Institute—Level II: Concepts in Practice Saturday-Sunday (01-26N9) | | | | |

Masters Programs—Saturday AND Sunday, October 24-25 Must meet eligibility requirements.

- | | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| ☐ Trustees Masters Program (TMP) (01-26D2) | ☐ \$1,795 | ☐ \$2,015 | ☐ \$2,095 | ☐ \$2,315 |
| ☐ TMP Advanced Leadership Summit Sunday ONLY (01-26D3) | ☐ \$895 | ☐ \$1,005 | ☐ \$1,045 | ☐ \$1,155 |

Hotel

Reservation deadline is **September 14, 2026**. (Include \$500 hotel deposit.) Visit www.ifebp.org/neworleanshotels for hotel options.
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 _____

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/Lawyer ☐ CFP ☐ CIMA ☐ CPA ☐ HRCI ☐ Insurance producer* ☐ SHRM

☐ Other: _____

Licensed in the state(s)/province(s) of _____

License/NPN/BAR/CPA # _____

*Preapproval of programs/seminars is required in ALL insurance states/provinces. 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.

Registration Summary

Membership fee \$ _____

Conference fee \$ _____

Preconference fee(s) \$ _____

Hotel deposit (\$500) \$ _____

Total Funds (U.S. 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 # _____ Exp. date _____

Cardholder's name (print) _____