



### 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](http://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](http://www.ifebp.org/HawaiiHotels) 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 \_\_\_\_\_

### Registration Summary

Membership fee	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conference fee	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preconference fee(s)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hotel deposit	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Funds</b>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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](http://www.ifebp.org/policies). (Required to register.)**

Check # \_\_\_\_\_ \$

Credit card #  Exp. date  /

Cardholder's name (print) \_\_\_\_\_