

# REGISTRATION FORM

## 2016 MID-SIZED RETIREMENT & HEALTHCARE PLAN MANAGEMENT CONFERENCE

LAS VEGAS, NV

SEPTEMBER 25-28, 2016

THE COSMOPOLITAN

	SUPER SAVER (BY AUGUST 19)	EARLY DISCOUNT (BY SEPT. 2)	CONFERENCE FEE (AFTER SEPT. 2)
CONFERENCE FEE	\$995	\$1,095	\$1,195
PRE-CONFERENCE FIDUCIARY TUTORIAL FEE*	\$395	\$395	\$495
PRE-CONFERENCE SELF-FUNDING WORKSHOP FEE*	\$295	\$295	\$395

For teams of two or more, the first registrant pays the current conference fee; subsequent registrants are given \$400 off of the fee.  
**\*Available only to conference participants.**

**Tutorial includes lunch.**

### To register for a pre-conference session, please check one of the following:

- Pre-Conference Tutorial for Retirement Plans:** Fiduciary Obligations Under ERISA (Sept. 25, 2016, 10:00 am - 5:00 pm)  
 **Pre-Conference Workshop for Healthcare Plans:** Self-Funding: Basic and Advanced Concepts (Sept. 25, 2016, 1:00 pm - 5:00 pm)

Name \_\_\_\_\_ Name for Badge \_\_\_\_\_  
Mr. Ms. Dr. (circle one)

Title \_\_\_\_\_

Organization \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**REG CODE (4 or 5 letter code shown in letter/email or on back of brochure) \_\_\_\_\_**

### How did you hear about the conference?

- Referral colleague/vendor  Online search  Online Advertisement  LinkedIn  Facebook  Twitter  
 Other \_\_\_\_\_

Total Due (see registration fees above) \$ \_\_\_\_\_ Payment Method:  Check  Credit Card

Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code (CSC) \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Dietary Requests:**  Vegetarian  Shellfish Allergy  Kosher  Other \_\_\_\_\_

**Physical Requirements:** Do you require any special physical accommodations in order to fully participate in the conference? If so, please let us know: \_\_\_\_\_

### Type of Retirement/Pension Plan(s) Sponsored by Your Organization:

- Defined Contribution:  401(k)  403(b)  457  Other

Total DC Assets \$ \_\_\_\_\_ Number of Plan Participants \_\_\_\_\_

- Defined Benefit Pension Plan

Total DB Assets \$ \_\_\_\_\_ Number of Plan Participants \_\_\_\_\_

### Type of Health & Welfare Plan(s) Sponsored by Your Organization:

- Self-Insured  Fully Insured  Both Number of Employees \_\_\_\_\_

### Are you responsible for:

- Retirement/Pension Plan  
 Health & Welfare Plan  
 Both

Mail to: University Conference Services

Attn: Registrar

P.O. Box 60622

Charlotte, NC 28260

Fax to: 919-558-8845

Email to: [registrar@ucs-edu.net](mailto:registrar@ucs-edu.net)

Make checks payable to **University Conference Services**

Registration is limited exclusively to plan sponsors/employers.

Outside vendors of plan services are not permitted to register.

University Conference Services is solely responsible for determining eligibility to register.