

REGISTRATION FORM

2017 MID-SIZED RETIREMENT & HEALTHCARE PLAN MANAGEMENT CONFERENCE

AUSTIN, TX

SEPTEMBER 17-20, 2017

JW MARRIOTT AUSTIN

	SUPER SAVER (BY AUGUST 11)	EARLY DISCOUNT (BY AUGUST 25)	CONFERENCE FEE (AFTER AUGUST 25)
CONFERENCE FEE	\$995	\$1,095	\$1,195
PRE-CONFERENCE FIDUCIARY TUTORIAL FEE*	\$395	\$395	\$495
PRE-CONFERENCE SELF-FUNDING WORKSHOP FEE*	\$295	\$295	\$395
PRE-CONFERENCE RETIREMENT PLAN CHALLENGES*	\$195	\$195	\$295

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. 17, 2017, 10:00 am - 5:00 pm)
- Pre-Conference Workshop for Healthcare Plans:** Self-Funding: Basic and Advanced Concepts (Sept. 17, 2017, 1:00 pm - 5:00 pm)
- Pre-Conference Retirement Plan Challenges:** How to Overcome and Keep Your Plan Running Smoothly (Sept. 17, 2017, 2:00 - 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

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.