

**WEB Benefits Solutions Conference**  
*Controlling Costs in an Ever-changing Legislative and Regulatory Environment*

*April 22 to 23, 2004*  
*Hilton Crystal City Hotel*  
*Arlington, VA*  
*2004 WEBA Awards Banquet*  
*April 22, 2004*

**REGISTRATION FORM**

Please Check the Appropriate Box:

- I am a WEB Member \_\_\_\_\_ (Chapter)  
 I am not currently a WEB Member

Full Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

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

WEBA Meal Choice(s) (Beef or Chicken) \_\_\_\_\_

Special Requirements \_\_\_\_\_

Badge Name \_\_\_\_\_ Primary Track of Study \_\_\_\_\_

- Please photocopy form for additional registrants
- Registration will be confirmed by email
- Registrants who cancel at least two-weeks prior to the conference will receive a full refund minus a \$100 administrative fee. Refund requests should be send to [Lowell@webnetwork.org](mailto:Lowell@webnetwork.org) and call 703-433-9696 to confirm.

Type of registration and fee (Check all that apply):

Full Conference Registration	Member Fee	Non-Member Fee	Cost
<input type="checkbox"/> Full Conference with WEBA	\$350	\$500	_____

**Partial Conference Registration** (If you cannot attend the full conference but wish to attend a portion, the following options are available)

<input type="checkbox"/> Conference-Only	\$250	\$400	_____
<input type="checkbox"/> Thursday-Only*	\$150	\$225	_____
<input type="checkbox"/> Friday-Only*	\$150	\$225	_____

**WEBA Registration** (Applies if not registering for Full Conference or are bringing a guest)

<input type="checkbox"/> WEBA Banquet	\$100	\$120	_____
<input type="checkbox"/> Guest - One Guest per Form	\$100	\$100	_____

Guest's Name \_\_\_\_\_

**TOTAL ENCLOSED OR TO BE CHARGED**

\* Must select below to also attend WEBA Banquet

Select payment option:

- I have enclosed a check made payable to WEB Network  
 Please charge my credit card (check card to be billed and complete information below):

Visa                                       MasterCard                                       American Express

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

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

Billing address if different from registration address: \_\_\_\_\_

Send Reservation Forms or You May Fax Forms that Use Credit Cards To:

Worldwide Employee Benefits Network (WEB)  
P.O. Box 758619  
Baltimore, MD 21275  
(Fax) 703-433-0369

For questions, email [lowell@webnetwork.org](mailto:lowell@webnetwork.org) or call 703-433-9696.

Hotel reservations may be made directly with the Hilton Crystal City Hotel or you may need to contact local hotels in the area for rooms. If you need help finding a hotel room for this event, please send us an email to [lowell@webnetwork.org](mailto:lowell@webnetwork.org).

Hilton Crystal City at National Airport  
2399 Jefferson Davis Highway, Arlington, VA 22202  
Phone: 703-418-6800 Ext. 5799

*We look forward to seeing you at the Conference and Awards Banquet!*