



Mastering the Challenges: Cost, Compliance and Communication

April 14-15, 2005

Holiday Inn Chicago Mart Plaza, Chicago, IL
WEB Excellence in Benefits Awards (WEBA Luncheon) — April 14, 2005

Registration Form

Register online at www.webnetwork.org or use this form. Additional individuals from the same company who register on the same form will receive registration fee discounts. Attach additional forms as necessary.

Please print in ink when completing this form. So that WEB can properly process your registration, please provide all information requested. You will receive a registration confirmation via e-mail.

First registrant

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

For registration confirmation, please provide e-mail address.

Preferred name to appear on your name badge:

Please check the programs you are most likely to attend:

_____ Health and Welfare _____ Retirement _____ Benefits Boot Campsm _____ WEBA Luncheon Only

Special meal restrictions: _____

Special needs: _____

Second Registrant

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

For registration confirmation, please provide e-mail address.

Preferred name to appear on your name badge:

Please check the programs you are most likely to attend:

_____ Health and Welfare _____ Retirement _____ Benefits Boot Campsm _____ WEBA Luncheon Only

Special meal restrictions: _____

Special needs: _____

Pricing Information

Full Conference Registration includes the WEBA Luncheon.

WEB Member Registrations Only

First Registration – Full Conference
1 x \$525 = \$ _____

Second Registration – Full Conference
#_ x \$475 = \$ _____

*One-Day Registration

(Group discount does not apply)
#_ x \$300 = \$ _____

*Circle Day Attending:

Thursday, April 14 Friday, April 15

WEBA Luncheon Only

#_ x \$ 85 = \$ _____

Pricing Information

Nonmember Registrations

(Conference Registrations include one-year WEB Membership)

First Registration – Full Conference
1 x \$670 = \$ _____

Second Registration – Full Conference
#_ x \$620 = \$ _____

*One-Day Registration

(Group discount does not apply. WEB membership is not included.)
#_ x \$375 = \$ _____

*Circle Day Attending:

Thursday, April 14 Friday, April 15

WEBA Luncheon Only

#_ x \$ 95 = \$ _____

Total Amount Due \$ _____

Full payment must accompany registration.

Billing Information

___ Check Enclosed

(Payable to Worldwide Employee Benefits Network)

___ I authorize WEB to charge \$ _____
to my ___ Visa ___ MasterCard ___ AMEX

Card Number: _____

Exp. Date: _____

Authorized Signature: _____

Cardholder's Name: _____

Mail or fax your conference registration form and payment to:

Worldwide Employee Benefits Network

P.O. Box 758619
Baltimore, MD 21275
FAX: 202.318.8778

Cancellation Fee

On or before March 14, 2005: \$50 per person
March 15, 2005 and after: \$100 per person

WEB Tax ID Number #52-1360024