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WEB

SPRING 2010 REGISTRATION FORM

Register by Fax:

Fax this page to us at (866) 775-3412.

Register by Mail:

Mail this page with your check to EBIA, 22817 102nd Place West, Edmonds, WA 98020-5131. Each registrant must complete a separate form. Photocopies are OK.

Register Online:

Go to [www.ebia.com/Seminars/InPerson](http://www.ebia.com/Seminars/InPerson).

Register by Phone:

Please call us at (866) 775-3242.

Which Location?	
<input type="checkbox"/>	<b>Bellevue, WA • March 23-25</b> Hilton Bellevue 300 112th Avenue SE Bellevue, WA 98004 (425) 455-1300 <a href="http://www.bellevuehilton.com">www.bellevuehilton.com</a>
<input type="checkbox"/>	<b>Dallas, TX • April 6-8</b> Omni Mandalay Hotel at Las Colinas 221 East Las Colinas Boulevard Irving, TX 75039 (972) 556-0800 <a href="http://www.omnihotels.com/FindAHotel/DallasMandalay.aspx">www.omnihotels.com/FindAHotel/DallasMandalay.aspx</a>
<input type="checkbox"/>	<b>Minneapolis, MN • April 13-15</b> Embassy Suites Bloomington 2800 American Boulevard West Bloomington, MN 55431 (952) 884-4811 <a href="http://www.embassybloomington.com">www.embassybloomington.com</a>
<input type="checkbox"/>	<b>Baltimore, MD • April 20-22</b> Tremont Grand Historic Venue 225 North Charles Street Baltimore, MD 21201 (443) 573-8444 <a href="http://www.tremonts.com">www.tremonts.com</a>

Which Session(s)?		
<input type="checkbox"/>	<b>Cafeteria Plans</b> (Tuesday, all day—counts as two half-day sessions)	
<input type="checkbox"/>	<b>ERISA Compliance</b> (Wednesday morning)	
<input type="checkbox"/>	<b>HSAs, HRAs, and Consumer-Driven Health Care</b> (Wednesday afternoon)	
<input type="checkbox"/>	<b>HIPAA Portability, Privacy &amp; Security</b> (Thursday morning)	
<input type="checkbox"/>	<b>COBRA Compliance</b> (Thursday afternoon) <i>Sorry, our COBRA and HIPAA sessions in Bellevue, WA are sold out.</i>	
<input type="checkbox"/>	Mr. _____	
<input type="checkbox"/>	Ms. NAME _____ JOB TITLE _____	
ORGANIZATION _____		
MAILING ADDRESS _____		
STREET ADDRESS (if different from mailing address) _____		
_____	_____	_____
CITY	STATE	ZIP
TELEPHONE _____		FAX _____
EMAIL ADDRESS (Required) _____		
<input type="checkbox"/>	I am the first registrant from my company.	
<input type="checkbox"/>	I am the second or additional registrant from the same worksite, so I am entitled to the multiple employee discount.	

**REGISTRATION FEES**  
 The all-day Cafeteria Plans seminar is counted as two half-day sessions.

\*To qualify for listed prices for multiple sessions and additional registrant(s), all registrations must be included in a single order.

Number of Sessions	First Registrant*	Additional Registrants*
1	\$255	\$225
2	\$425	\$385
3	\$585	\$525
4	\$725	\$655
5	\$875	\$785
6	\$1,025	\$925

**Seminar Amount Due** (see Registration Fees above): \$ \_\_\_\_\_  
 Payment must be received before date of seminar.

Payment Method:  Check  Visa  MasterCard  AMEX

CREDIT CARD ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AUTHORIZED SIGNATURE (AND PRINTED NAME ON CARD IF DIFFERENT FROM ABOVE) \_\_\_\_\_

**Cancellations:** Refunds (less a \$65 administration fee) are available for cancellations faxed to us at least one week before the seminar. If you are unable to attend, another person may attend in your place.