



2012 Intermediate In-Person Seminars Registration Form

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

Register by Mail: Mail this page with your check to Thomson Reuters/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/Register.

Register by Phone: Please call us at (866) 775-3242.

Which Location?

- Seattle, WA • March 27-30**
Sheraton Seattle Hotel
1400 Sixth Avenue
Seattle, WA 98101
(206) 621-9000
www.Sheraton.com/Seattle
- Dallas, TX • April 10-13**
Sheraton DFW Airport Hotel
4440 West John Carpenter Freeway
Irving, TX 75063
(972) 929-8400
www.SheratonDFW.com
- Atlanta, GA • April 17-20**
DoubleTree Hotel Atlanta – Buckhead
3342 Peachtree Road NE
Atlanta, GA 30326
(404) 231-1234
www.doubletreebuckhead.com
- Baltimore, MD • April 24-27**
Pier 5 Hotel
711 Eastern Avenue
Baltimore, MD 21202
(410) 539-2000
www.harbormagic.com
- Minneapolis, MN • May 8-11**
Embassy Suites Bloomington
2800 American Boulevard West
Bloomington, MN 55431
(952) 884-4811
www.embassybloomington.com
- Cleveland, OH • May 15-18**
DoubleTree Hotel Cleveland South
6200 Quarry Lane
Independence, OH 44131
(216) 447-1300
www.clevelandsouth.doubletree.com

This is the complete list of cities for EBIA's 2012 intermediate in-person seminars. EBIA will be presenting its intermediate in-person seminars only in the spring this year.

Which Session(s)?

- Cafeteria Plans** (Tuesday, all day—counts as two half-day sessions)
- ERISA Compliance** (Wednesday morning)
- HSAs, HRAs, and Consumer-Driven Health Care** (Wednesday afternoon)
- HIPAA Privacy & Security** (Thursday morning)
- COBRA Compliance** (Thursday afternoon)
- Health Care Reform** (Friday, all day—counts as two half-day sessions)

Mr. _____
 Ms. NAME JOB TITLE

ORGANIZATION _____

MAILING ADDRESS _____

STREET ADDRESS (If different from mailing address) _____

CITY STATE ZIP

TELEPHONE FAX

EMAIL ADDRESS (Required) _____

- I am the first registrant from my company.
- I am the second or additional registrant from the same worksite, so I am entitled to the multiple employee discount.

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.

Registration Fees

The all-day Cafeteria Plans and Health Care Reform seminars are 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
7	\$1,165	\$1,045
8	\$1,295	\$1,155