

Step One - Registrant Information

Please register only one person per form. All fields are required - please type or print legibly.

First Name: _____ Last Name: _____ MI: _____
 Name for Badge: _____ Designations: _____
 Title: _____
 Company: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Please note that the information printed above for Badge Name, Company, City and State will appear on your conference badge exactly as stated.

If the address above is different from the mailing label, does this signify a change of address to be updated on your ASPPA record?

Yes, please change my address No

Step Two - Workshop Registration

Wednesday, May 21 - DOL Speaks

1:30 p.m.-2:45 p.m. DOL Workshop 1 DOL Workshop 2
 3:00 p.m.-4:15 p.m. DOL Workshop 3 DOL Workshop 4

Thursday, May 22 - DOL Speaks

8:15 a.m.-9:30 a.m. DOL Workshop 5 DOL Workshop 6
 9:45 a.m.-11:00 a.m. DOL Workshop 7 DOL Workshop 8
 11:00 a.m.-12:00 p.m. DOL Workshop 9 DOL Workshop 10

Thursday, May 22 - Mid-Atlantic Benefits Conference

Additional fees apply.

3:45 p.m.-4:45 p.m. MABC Workshop 1 MABC Workshop 2
 5:00 p.m.-6:00 p.m. MABC Workshop 3 MABC Workshop 4

Friday, May 23 - Mid-Atlantic Benefits Conference

Additional fees apply.

11:15 a.m.-12:15 p.m. MABC Workshop 5 MABC Workshop 6
 1:30 p.m.-2:30 p.m. MABC Workshop 7 MABC Workshop 8

Step Three - Additional Information

Job Classification (check all that apply):

Accountant Actuary Consultant Human Resources Personnel Insurance Agent Investment
 Lawyer TPA Other (Please specify): _____

This is my first DOL Speaks: Employee Benefits Conference This is my first Mid-Atlantic Benefits Conference

Please check dietary requirements (if applicable): Kosher Vegetarian Other: _____

If you require special accommodations due to a disability, please specify: _____

Step Four - Payment

	Early (before 4/18/2008)	Regular (4/19/2008-5/16/2008)	On-site (after 5/16/2008)
Registration	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
Additional Participant	<input type="checkbox"/> \$475	n/a	n/a
Government Participant (IRS, Treasury, DOL, PBGC)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300
BONUS Sessions: Mid-Atlantic Benefits Conference (Thursday Afternoon Sessions)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
**DOL Speaks AND Mid-Atlantic Benefits Conference (3 full days)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
		Total Due:	_____

Check Payment: Check Number: _____

Credit Card: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Cardholder's Name: _____

Signature: _____

- To qualify for the early registration fee, registration and payment must be received in the ASPPA office by **April 18, 2008**. The fee is calculated based on the receipt date of the registration form, not the postmark.
- To qualify for the additional participant registration fee, participants must be from the same firm and all registration forms must be submitted together, with payment, by the early registration deadline.

**If registering for both conferences for 3 full days, two separate charges will be reflected on your credit card statement.