

Registration Form

Sheraton Atlanta Hotel • 165 Courtland Street, NE • Atlanta, GA 30303 • November 29 – December 1, 2005

Please fill out the information below to register for the 2005 CBA Annual Meeting to be held November 29-December 1, 2005, in Atlanta, GA. Prior to the meeting you will receive a registration confirmation. Your organization will receive their requested number of copies of the 2004 Report of Significant Developments prior to the Annual Meeting. Please complete and return the form no later than Friday, November 16, 2005. Please stop by the registration desk on-site to receive your name badge and program.

One meeting attendee name requested per form. Please use a separate form if more than one person from your organization will be attending the meeting. Print clearly since this information will be used for your name badge.

Name: _____ Title: _____

Organization: _____

Street Address: _____ Street Address 2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Special needs, dietary requests, etc.: _____

Please specify if you are with a: CBA Organization Guest Vendor
If you have checked yes to CBA Organization, please specify: Staff Trustee N/A
Please specify if you are: Retiring First Year Attendee
If you are a guest or vendor, please specify the organization of the CBA Member: _____
Please specify if you are bringing a spouse/significant other (attending dinner): Spouse/Significant Other Other

Hotel Accommodations can be made via the CBA Web site, www.churchbenefitsassociation.org, or by dialing the Sheraton Atlanta direct at 800-833-8624. Please reference the "Church Benefits Association 2005 Annual Meeting."

GOLF FEES, \$53 per person

Tuesday, November 29

Golf Event

CBA Registrant Handicap: _____

Guests/Significant Other Handicap: _____

If you do not have a handicap, please check your normal score range:

CBA Registrant Score Range:

84 or less 85-95

95-104 105 and over

Guests & Spouses/Significant Other Score Range:

84 or less 85-95

95-104 105 and over

I am planning to rent clubs from Bobby Jones Golf Course (please circle):

YES NO

I am planning to rent a car and can provide transportation (please circle):

YES NO

ATTENDEE MEETING FEES, \$175 per person

(Registration includes the fees to attend the meetings, and meal functions listed below. It does not include the golf event. See information above.)

SPOUSE/SIGNIFICANT OTHER FEES, \$65 PER PERSON

**(Includes Dinner Tuesday, Lunch Wednesday, Lunch Thursday)*

Please check the functions you plan to attend:

Vendor Meetings:

Medco and the DBC Coalition Express Scripts Program

Highmark Blue Cross Blue Shield

Pre-Conference Meetings:

- Communications Interest Meeting
- Health-Benefits Topical Interest Meeting
- Information Technology Interest Meeting
- Church Alliance Steering Committee Meeting

Off-Site Dinner

\$10.00, per person, Tour of Atlanta Braves Stadium, # of tickets _____

Wednesday, November 30

Lunch

Breakout Session I, 1:30 p.m. – 3:00 p.m.

- CEO Session
- Retirement Benefits Topical Committee (Defined Contribution Plan Topics)
- CFO Session
- Retirement Benefits Topical Committee (Defined Benefit Plan Topics)
- Investment Topical Committee I

Breakout Session II, 3:30 p.m. – 5:00 p.m.

- Clergy Compensation Packages
- Legal Topical Committee
- Investment Topical Committee II
- Health Benefits Committee

Thursday, December 1

Lunch

Total Amount Due: \$ _____

PAYMENT INFORMATION

Please make checks or money orders payable to: Church Benefits Association

Checks should be mailed with this form to:

Church Benefits Association

Attn: Pat McFadden, Director of Registration

15000 Commerce Parkway, Suite C • Mt. Laurel, NJ 08054

REFUND POLICY

Requests for refunds must be received by the CBA office by **November 28, 2005**. Refunds will not be processed until after the Annual Conference concludes. For questions regarding the 2005 Annual Meeting, please call CBA Headquarters at 856-439-0500 or e-mail at cba@ahint.com.

www.churchbenefitsassociation.com