



REGISTRATION FORM

2006 Annual Meeting
“Improving Retirement Readiness”
San Diego, California

2006 Annual Meeting • *“Improving Retirement Readiness”*
Wyndham San Diego at Emerald Plaza • 400 West Broadway • San Diego, CA 92101
November 28 – 30, 2006

Please fill out the information on pages 1 and 2 for registration to the 2006 CBA Annual Meeting, November 28–30, in San Diego, Calif. Prior to the meeting you will receive a registration confirmation. Your denomination will receive their requested number of 2005 Report of Significant Developments prior to the Annual Meeting.

Please complete registration no later than Friday, November 3, 2006.

A registration (pages 1 and 2), must be completed for each individual attendee. Please print clearly, as this information will be used for your meeting name badge.

First Name _____ Last Name _____ Title _____

Denomination/Organization (if this applies) _____

Address _____

City, State/Zip _____

Phone _____ Fax _____

E-mail _____

Special Dietary Needs Requested _____

Please specify your registration type:

- CBA Denomination
- Prospective Member
- Vendor

If you have checked off CBA Denomination, please select ONE of the following that most describes you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Chief Administrative Officer/CEO | <input type="checkbox"/> Chief Financial Officer/Controller |
| <input type="checkbox"/> Chief Information Officer | <input type="checkbox"/> Chief Investment Officer | <input type="checkbox"/> Chief Operations Officer |
| <input type="checkbox"/> Communication/Education/Publication | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Health/Welfare Benefits |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Marketing | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Legal Counsel/Compliance | <input type="checkbox"/> Other (Describe) | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Trustee | | |

If you have checked off CBA Denomination above, please specify the following, if applicable:

- First Time Attendee
- Retiring

If you are a prospective member or vendor, please specify the organization of the CBA Member:

(OVER for registration fees)

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Registration fees, please check off which apply:

- Annual Meeting Fee, \$175 per person**
 (Fee to include all meetings and meal functions below; golf outing not included)
 - Spouse/Significant Other Fee, \$65 per person**
 (Fee to include dinner Tuesday, lunch Wednesday and Thursday; golf outing not included)
 Please list: First Name _____ Last Name _____
 - Golf Fee, \$100 per person**
 (Fee to include the following at Encinitas Ranch: round-trip transportation, breakfast, lunch, greens fees, golf cart, and one sleeve of balls)
- \$_____ Total Amount of Registration Fee Enclosed

Please check the functions you plan to attend:

Tuesday, November 28, 2006

7:00 am – 12:00 pm *Golf Outing*

- Encinitas Ranch (Separate Registration Fee Stated Above)

8:00 am – 11:45 am *Healthcare Benefit Coalition Vendor Meetings*

- CIGNA Behavioral Health
- Aetna Disability Management
- Highmark Blue Cross/Blue Shield

11:45 am – 1:45 pm *Healthcare Benefit Coalition Vendor Meetings*
(Please Select 1)

- Medco and the DBC Coalition Pharmacy Benefit Program (Sponsored Lunch)
- Express Scripts Program (Sponsored Lunch)

2:00 pm – 5:00 pm *Pre-conference Meetings* **(Please Select 1)**

- Information Technology Topical Interest Ctme
- Retirement Benefits Topical Interest Ctme
- Health Benefits Topical Interest Ctme
- Communications Topical Interest Group

3:00 pm – 4:00 pm

- Church Alliance Steering Ctme Meeting

7:00 pm – 10:00 pm *Off-site Dinner*

- Napa Valley Grille
 Please list number attending _____

Wednesday, November 29, 2006

8:00 am – 12:00 pm *CBA Annual Meeting*

- CBA Annual Meeting

12:00 pm – 1:30 pm *Lunch*

- Keynote Speaker and Lunch Session
 Please list number attending _____

1:30 pm – 3:00 pm *Breakout Session I* **(Please Select 1)**

- Investments Breakout Session I
- Retirement Benefits Breakout Session I
- Communications Breakout Session
- Health Benefits Breakout Session I

3:30 pm – 5:00 pm *Breakout Session II* **(Please Select 1)**

- CFO Breakout Session
- Retirement Benefits Breakout Session II
- Investments Breakout Session II
- Health Benefits Breakout Session II
- Legal Breakout Session
- CEO Breakout Session

Thursday, November 30, 2006

8:30 am – 12:00 pm *Church Alliance Annual Meeting*

- Church Alliance Annual Meeting

12:30 pm – 2:00 pm *Closing Lunch*

- Lunch
 Please list number attending _____

Payment Information

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

Checks should be mailed with completed form to:

Church Benefits Association

Attn: Annalee Nelson, CBA Registration Coordinator
15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054

Refund Policy

Requests for refunds must be received by the CBA office by November 20, 2006. Refunds will not be processed until after the Annual Meeting. For questions regarding the 2006 Annual Meeting, please call CBA Headquarters at 856-439-0500 or e-mail cba@ahint.com