



CONTINUING EDUCATION CREDITS REQUEST FORM

Southeast Benefits Education Network
 Charlotte Regional Workshop
 Tuesday, February 21, 2017

I, (Name, please print) _____, do hereby attest that I attended the Charlotte Regional Workshop at Ballantyne Hotel in Charlotte, North Carolina on Tuesday, February 21, 2017.

Name of State Bar, Insurance Board or other Association for which you are requesting continuing education credits:

Your State Bar or Board #/License #: _____

Please check session(s) attended:

Time	✓ Description
9:00am-10:15am	Opening Session: Washington Update
10:30am-11:30am	Healthcare Breakout: PBM Contracting – Clear As Mud
10:30am-11:30am	Retirement/Investment Breakout: Plan Sponsor Response to 401(k) Fee Litigation
11:45am-1:00pm	Keynote Speaker: Mind the Benefits Gap
1:15pm-2:15pm	Healthcare Breakout: Not All Telemedicine Programs Are Made Equally
1:15pm-2:15pm	Retirement/Investment Breakout: Navigating the Paths to Better Retirement Outcomes
2:30pm-3:30pm	Healthcare Breakout: Leading Through Transformation – Carolinas Healthcare System moves to CDHP
2:30pm-3:30pm	Retirement/Investment Breakout: Roles in a Post-Fiduciary Rule World
3:30pm-4:30pm	Plan Sponsor Round Table Discussion

Signature: _____

Please drop this completed form at the Registration Desk or return it either by mail or email:
 Angela Means, Executive Director, SBEN, 2113 Village Pt NE, Brookhaven, GA 30319
 amean@sben.org