



# UNITED STATES DEPARTMENT OF LABOR EMPLOYEE BENEFITS SECURITY ADMINISTRATION SAVINGS FITNESS WORKSHOP

The Employee Benefits Security Administration wants you to succeed in setting financial and retirement goals. Planning for a secure retirement can be challenging, but the sooner you start, the easier it will be.

Here is one simple way to get you on the road to financial security. Join us as we talk about ways to increase your financial fitness and save for retirement, including making the most of employer-based retirement savings plans.

Our Savings Fitness workshop starts you on the way to setting goals and putting your retirement high on the list of personal priorities.

Who should attend? Anyone who wants to make saving for retirement a priority!

Pre-registration for the workshop is required by February 25, 2015 and space is limited to the first 50 registrants. We ask that you make every effort to attend the workshop once you register or send an alternate. Late registrations will be accepted based upon availability and seats are allocated on a first-come basis. Attendees must bring a valid picture ID and be processed through the federal building's security entrance. As a courtesy we ask that you turn off all cell phones and electronic equipment during the workshop. Please act quickly to reserve your spot!

EBSA benefits advisors will be onsite to address your specific questions.

- One-on-one assistance requested.
- Individuals with disabilities who need special accommodations please check here.
- The attendees list will be available on request. Please check here if you do not want your name shared.

**WHEN:** February 26, 2015; 10:00 – 12:00 PM EST

**WHERE:** JFK Federal Building  
25 New Sudbury Street, Room 900A  
Boston, Massachusetts 02203

**COST:** The workshop and all published materials provided are free!

**REGISTRATION:** Fax this form to (617) 565-9666 or email to [shaw.kristen@dol.gov](mailto:shaw.kristen@dol.gov)

**FOR MORE INFORMATION:** Telephone Kristen Shaw at (617) 565-2191

## WORKSHOP REGISTRATION FORM

<b>NAME:</b>	<b>TITLE:</b>
<b>COMPANY AND/OR ASSOCIATION:</b>	<b>ADDRESS:</b>
<b>TELEPHONE/FAX NUMBER:</b>	<b>EMAIL ADDRESS:</b>