

National Association of Benefits and Insurance Professionals

South Texas Chapter



Attendees  
Registration

2025  
*9th Annual*

# Day Of Education

## Digital Transformation: Navigating The New Frontier

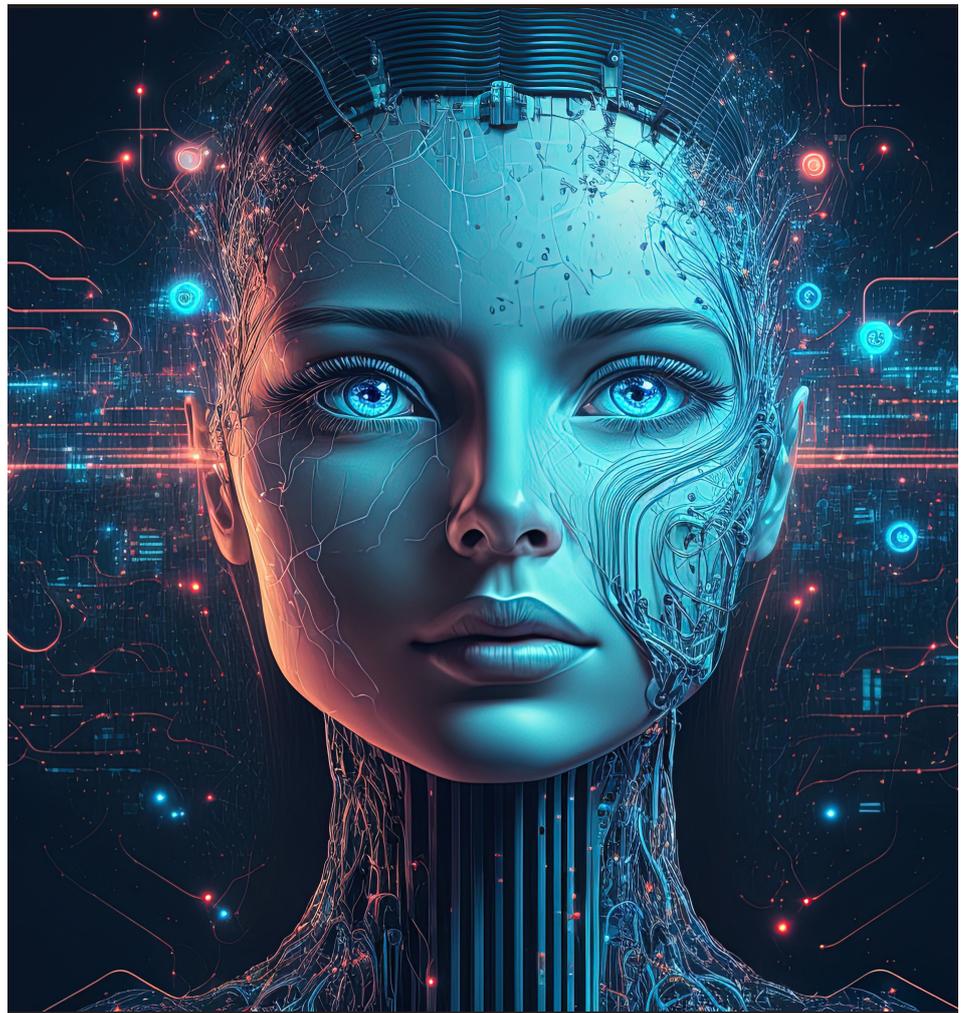
May 6, 2025 - McAllen, TX  
[www.nabipsotx.org](http://www.nabipsotx.org)



# Hello and welcome to our Day of Education (DOE) and 5-Hours of CE Credit.

We invite you to join us for an insightful and informative Day of Education, where we will explore the transformative changes taking place in AI and technology. As these advancements rapidly shape the way we live and work, it's crucial to stay informed and prepared for the opportunities and challenges ahead.

Our event will feature expert speakers, engaging discussions, and valuable resources to help you understand the latest developments in this dynamic field. Don't miss out on the chance to deepen your knowledge and be part of this exciting conversation about the future of technology—mark your calendars and register today!





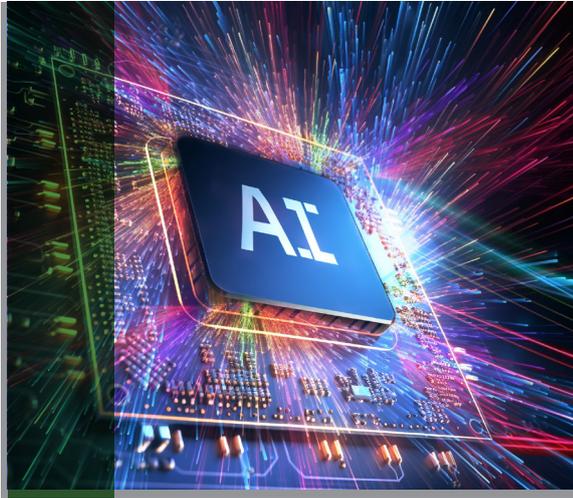
## Hosting Location

Case Del Palmas  
101 N Main St.  
McAllen, Tx 78501  
956-928-9905

Please call the hotel directly  
and book your room.

**Room Rate \$119**

# CE Classes *Subject To Changes*



**David Slepak**

Angle Health

**The Artificial Intelligence Machine**

Course number - 141835

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Course Discription



**Jennifer Henry**

Boon Shapman

**Self-Funded Fundamentals**

Course number - 141834

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Course Discription



**Gentry Lynn**

**Stop The Bleed Cost Containment Ideas**

Course number - 142105

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Course Discription

# CE Classes *Subject To Changes*



## Gentry Lynn

### The Case for HSA's in Transforming Helathcare

Course number - 142106

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Course Discription



## TBD

TBD

Course number -

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Course Discription



# Agenda & Times

**8:00 AM - Welcome and Announcement**

**8:50AM - 9:50AM - The Artificial Intelligence Machine -  
David Slepak - Angle Heath**

**9:55AM - 10:55AM - Self-Funded Fundamentals  
Jennifer Henry - Boon Chapman**

**11:00AM - 11:30AM - Navigating NABIP - How It's Done  
Ron Byrd - NABIP-SOTX Board Member**

**11:30AM - 12:40PM - Lunch & Exhibitor Visits**

**12:40PM - 1:40PM - Stop the Bleed Cost Containment Ideas  
Gentry Lynn**

**1:40PM - 2:00PM - Exhibitor Visits**

**2:00PM - 3:00PM - The Case for HSA's in Transforming  
Healthcare - Gentry Lynn**

**3:00PM - 3:30PM - Exhibitor Visits**

**3:30PM - 4:30PM - CE Class #5 TBD**

**4:30PM - Wrap Up and Vendor Drawing**

**Please be advised that all participants are responsible for their own attendance during scheduled class times. It is essential that you sign in at the start of each class and sign out at the conclusion and that your name, license number and contact information are clear and correct. This ensures accurate tracking of your participation and adherence to class requirements.**

**Failure to sign in and out may impact your attendance record and overall compliance with course policies. We appreciate your cooperation in maintaining these procedures.**

# Attendee Registration - Non Sponsor / Exhibitor

NABIP-SOTX Day of Education - May 6, 2025

## Attendees Registration Form

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Member YES NO

Phone: Office (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \$ 25

*Fill out this form and email to nabipsotx@gmail.com*

**Members \$25 / Non Members \$50**

Additional attendee registrations \_\_\_\_\_ x \$50 each = \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_



*Paying by CashApp*

Paying by Check, print form and mail to the address below in McAllen

Make checks payable to NABIP-SOTX  
**National Association of Benefits and Insurance  
Professionals**  
PO Box 4140  
McAllen TX 78501

**Contact Information below:**  
**Ron Byrd**  
email: nabipsotx@gmail.com  
Phone #: 956-352-9550 x 110

**Credit card payment.**

Charge my credit card \$ \_\_\_\_\_ *Please note there is a processing fee of 3.5% on all credit card transactions.*

Cardholder Name: \_\_\_\_\_

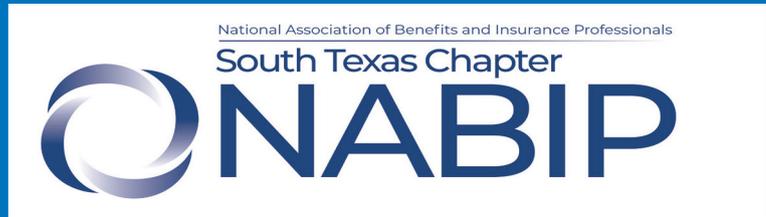
Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Val. Code \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP \_\_\_\_\_

Check one:            Visa            MasterCard            American Express

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9th Annual  
**Sponsorship  
Opportunities**



2025  
**SUMMIT**

***CHARTING YOUR COURSE  
FOR SUCCESS***

*August 6-7, 2025 - South Padre Island, Texas*  
**[www.nabipsotx.org](http://www.nabipsotx.org)**



**Join Us At Our 9th Summit**

**[www.nabipsotx.org](http://www.nabipsotx.org)**