ASSOCIATESHIP PROFESSIONALISM COURSE REGISTRATION FORM

Please note that your registration for the APC indicates to us that you have read the rules and regulations concerning the course for which you have applied and agree to be bound by them. Please note that the results of any examination(s), which include courses like the APC, and any action taken as a result of your conduct (such as irregularity, violation or cheating, and any hearings thereon) may, at the sole discretion of the SOA, be disclosed to any other bonafide actuarial organization that has a legitimate interest in such result or action. The Candidate Code of Conduct may be found at
http://www.soa.org/education/general-info/discipline/edu-code-of-conduct-cand.aspx

SOA ID#

ID # may be found on a SOA invoice/receipt or transcript. Please leave it blank if you are unable to locate it

MS/MR   **Last Name/Surname**   **First Name**   **Middle Name**

DATE OF BIRTH: REQUIRED

MONTH   DAY   YEAR

Company

Address

City   **State**   **Zip Code**

Country

Phone Number

Email Address

Preferred First Name

Special Meals   **Other**

☐ **Do you have a need or disability that requires special attention?**
Yes. *We will call you to discuss your needs*

Please select one session

Course Registration includes materials and meals   **US $495.00**

Form of Payment

Signature

You agree that this electronic signature constitutes your acceptance and agreement, just as if you actually affixed your signature by hand. Further, you agree that no certification authority or other third party verification is necessary to authenticate the validity of your electronic signature; the lack of such certification or third party verification will not in any way affect the enforceability of your electronic signature.

Candidates will receive an email confirmation of registration approximately *ten days* after receipt of the registration form with payment instructions.

Check payments must be mailed with this form to the Society of Actuaries, ATTN: APC Staff
475 North Martingale Road, Suite 600
Schaumburg, Illinois 60173
847 706 3640 Phone   847 273 8516 Fax

FOR OFFICE USE ONLY:
00-2270xx-00000-101

____ **EMS**
____ **NQF**