**Society of Actuaries**

**Jointly Sponsored and Sponsored Events**

**Strategic Alliance Application Form**

Please complete the following form in its entirety.

Contact:

Company:

Address:

City:

State:

Zip:

Telephone:

E-Mail:

Website Address:

Provide background on your company.

Provide a summary of the concept proposed to the SOA for consideration.

Outline your intended audience.

How will you design and structure your program so that the content and materials are consistent with your learning objectives, and how will you ensure that instructors/presenters deliver programs consistent with these objectives?

Describe how the proposed concept fits the SOA’s mission and vision and identify the areas of practice and/or competencies that are fulfilled.

Clearly state what makes this program unique.

Outline any competitors offering this type of program.

Outline date, location, registration fees and anticipated attendance.

Outline the roles/responsibilities of the SOA and the Partner.

Outline the relevance to any SOA Section.

Clearly state how you see the financial risk/reward will be shared.

Submit to: Colleen Bagnasco, CMP

 Senior Director of Events

 Society of Actuaries

 cbagnasco@soa.org