

Seminar Registration

First Name	Last/Family Name
Nickname/Preferred Name on Badge	
Title	Company
Address	
City/State/Province/Country	Zip
Email	
Phone	Fax
Emergency Contact Name and Phone	

☐ I would like to request a special lunch.

☐ Fruit Plate ☐ Gluten Free ☐ Kosher ☐ Vegetarian ☐ Lactose Free

☐ Please check here if, under the Americans with Disabilities Act, you require specific aid or services to fully participate in this meeting.

☐ Audio ☐ Mobile ☐ Visual

The Society of Actuaries records some professional development programs, including audio and/or video recording. **I understand and agree** that my likeness and voice may appear in a variety of SOA media and formats including, but not limited to, photographs, video tapes, and the SOA websites. I further understand, agree and give permission for use of my likeness and voice recorded during this program for educational purposes.

Signature	Date
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Seminar Rates

Before Sept. 14, 2018

- ☐ \$600 – SOA Member, Health or L&D Section Member
- ☐ \$675 – SOA Member
- ☐ \$900 – Non-Member, Health or L&D Section Member
- ☐ \$975 – Non-Member

After Sept. 14, 2018

- ☐ \$900 – SOA Member, Health or L&D Section Member
- ☐ \$975 – SOA Member
- ☐ \$1,200 – Non-Member, Health or L&D Section Member
- ☐ \$1,275 – Non-Member

Total Enclosed: \$ _____

Payment must be received by Sept. 28, 2018. Mail this completed registration form with check in U.S. funds, payable to 'Society of Actuaries.' Allow 10 days for processing.

Society of Actuaries
Influence Training for Actuaries Seminar
SEM2018036
P.O. Box 95600
Chicago, IL 60694-5600