

Symposium Registration
Online registration is strongly encouraged.

<u>FEES (SELECT ONE)</u>	<u>By 5/19</u>	<u>After 5/24</u>
<input type="checkbox"/> SOA Member	\$450	\$550
<input type="checkbox"/> Non-member	\$550	\$650

<p>Mail-in Address (Submit by May 20):</p> <p>Society of Actuaries 2022 China Symposium</p> <p>PO BOX 95600 Chicago, IL 60694-5600</p>	<p>Total Enclosed \$</p> <p>Check payable to the <i>Society of Actuaries</i></p> <p><i>Want to use a credit card?</i></p> <p><u>Online Registration is available at SOA.org until June 2</u></p>
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PARTICIPANT DETAILS

Your information in the SOA Database **MUST** match what you have listed below. Please make sure your Company is correctly listed with the SOA on your online account prior to filling out this form

1. Preferred Name _____
(first name only)

First Name (Please use name on your ID) _____

Last Name (Please use name on your ID) _____

Address _____

City/State/ZIP _____

Country _____

Phone _____ Fax _____ E-Mail (SOA member please provide
registered SOA email address) _____

Company _____

2. Preferred Name _____
(first name only)

First Name (Please use name on your ID) _____

Last Name (Please use name on your ID) _____

Address _____

City/State/ZIP _____

Country _____

Phone _____ Fax _____ E-Mail (SOA member please provide
registered SOA email address) _____

Company _____

3. Preferred Name _____
(first name only)

First Name (Please use name on your ID) _____

Last Name (Please use name on your ID) _____

Address _____

City/State/ZIP _____

Country _____

Phone _____ Fax _____ E-Mail (SOA member please provide
registered SOA email address) _____

Company _____

4. Preferred Name _____
(first name only)

First Name (Please use name on your ID) _____

Last Name (Please use name on your ID) _____

Address _____

City/State/ZIP _____

Country _____

Phone _____ Fax _____ E-Mail (SOA member please
provide registered SOA email address) _____

Company _____

5. Preferred Name _____
(first name only)

First Name (Please use name on your ID) _____

Last Name (Please use name on your ID) _____

Annual China Symposium

9-10 June 2022

Shanghai, China



Address _____

City/State/ZIP _____

Country _____

Phone _____ Fax _____ E-Mail (SOA member please provide
registered SOA email address) _____

Company _____

Concurrent Session Preference

1:30 –5:00 pm CST	1:30 –5:00 pm CST
Session A: Investment	Session B: Health Insurance

1. First and Last Name _____
Concurrent Session A / B
2. First and Last Name _____
Concurrent Session A / B
3. First and Last Name _____
Concurrent Session A / B
4. First and Last Name _____
Concurrent Session A / B
5. First and Last Name _____
Concurrent Session A / B

Professionalism in Practice Course Registration—This is an optional extension to the Symposium Registration. Additional fees apply.

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<u>FEES (SELECT ONE)</u>	<u>By 5/19</u>	<u>After 5/19</u>
<input type="checkbox"/> SOA Member	\$175	\$275
<input type="checkbox"/> Non-member	\$275	\$375

PARTICIPANT DETAILS

1. First and Last Name _____

Email _____

2. First and Last Name _____

Email _____

3. First and Last Name _____

Email _____

4. First and Last Name _____

Email _____

5. First and Last Name _____

Email _____

MEETING FEE: \$ _____

QUESTIONS OR CONCERNS:
Contact the SOA Customer Service Center Monday through Friday,
8:00 a.m. to 5:00 p.m. CDT, by calling 888.697.3900 or e-mailing CustomerService@soa.org.

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COURSE FEE: \$ _____
TOTAL AMOUNT DUE: \$ _____

PAYMENT

1. Credit Card

Visa/Master Card No. _____
Expiration Date (month/year) _____
Security Code _____

2. Wire Transfer

Name of Bank BMO Harris Bank N.A.
Address 111 West Monroe Chicago, Illinois 60690
Harris Bank's Phone number 312-461-3273

Account Number 412-097-8
Routing Number (for US wires only): 071000288
Swift Code (for international wires only): Hatrus44

Account Name Society of Actuaries

Account Address 475 North Martingale Road
Schaumburg, Illinois, 60173-2226

After the wire transfer has been completed in U.S. Dollars, including bank fees, notify the Society of Actuaries as follows:

Customer Service:
Email: customerservice@soa.org
Phone Number: 888-697-3900
Fax Number: 847-273-8529

PLEASE NOTE

- May 25, 2022—deadline for cancellation requests (\$100 processing fee applies; optional tickets are not refundable)
- June 2, 2022—deadline for registration

Questionnaire response

1. Please tell us how you heard about this event:

- SOA WeChat & Weibo Account
- SOA News Today
- SOA LinkedIn Group
- Twitter
- SOA Blog
- Prof Development Opportunities e-newsletter
- Section Newsletter
- Referred by Another Actuary
- Attended Last Year
- SOA Website
- Another Organization's Website
- Other

If other method, please note:

2. How would you like to hear from our Event Partners, Sponsors and/or Exhibitors?

- Email
- Postal Mail

3. I give consent to share my contact information with even partners, sponsors and/or exhibitors.

- Accept
- Decline

4. I give permission for my contact information to be shared with other meeting attendees via the online and onsite attendee list. This information will include first and last name, company and city.

- Yes
- No