# Symposium Registration

*Online registration is strongly encouraged.*

FEES (SELECT ONE) By 5/5 After 5/5

|  |  |  |
| --- | --- | --- |
| SOA Member | $450 | $550 |
| Non-member | $550 | $650 |
|  |  |  |
| 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

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**)

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Company

1. Preferred Name

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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

Concurrent Session Preference

|  |  |
| --- | --- |
| 1:30 –5:45 pm | 1:30 –5:45 pm |
| Session A: Looking Forward: Solvency and Earnings Management | Session B: Product Strategy in the New Environment |

* 1. First and Last Name Concurrent Session A / B

* 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

# Professionalism in Practice Course on May 19 afternoon

# Registration—This is an optional extension to the Symposium Registration. Additional fees apply.

*Online registration is strongly encouraged.*

FEES (SELECT ONE) By 5/5 After 5/5

|  |  |  |
| --- | --- | --- |
| SOA Member | $175 | $275 |
| Non-member | $275 | $375 |

PARTICIPANT DETAILS

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEETING FEE: $

## COURSE FEE: $ TOTAL AMOUNT DUE: $

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.](mailto:CustomerService@soa.org)

PAYMENT

1. Credit Card

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

1. 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 8, 2023—deadline for cancellation requests ($100 processing fee applies; optional tickets are not refundable)
  + May 11, 2023—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:

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

|  |  |
| --- | --- |
| □ | Email |
| □ | Postal Mail |

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

|  |  |
| --- | --- |
| □ | Accept |
| □ | Decline |

1. 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 |