**2022 SOA Critical Illness & Actuarial Practice**

**Virtual Seminar**

9 June 2022

# Seminar Registration

|  |  |
| --- | --- |
| First Name | Last/Family Name |
|  Nickname  |  |
| Title | Company |
|  Address  |  |
| City/State/Provence/Country |  Zip |
|  Email  |  |
| Phone | Fax |
|  Emergency Contact Name and Phone  |  |

Seminar Rates

|  |  |
| --- | --- |
| By 30 May* $75 USD – SOA Member
* $125 USD – Non-Member
* $500 USD – Group rate (one device access only, allow multiple viewers)
 | After 30 May* $125 USD – SOA Member
* $175 USD – Non-Member
* $600 USD – Group rate (one device access only, allow multiple viewers)
 |
| Total Enclosed: $  |  |
|  |  |

## Deadlines

* 2 Jun. 2022 –Deadline for cancellation requests (processing fee applies)
* 6 Jun. 2022 –Deadline for advanced online registration

 PAYMENT  1. Credit Card

  Visa/Master Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Expire 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: customerservice@soa.org Phone number: 888-697-3900 Fax number: 847-273-8529

##  Payment must be received by 2 June 2022.

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 |

QUESTIONS OR CONCERNS:

Contact the SOA Customer Service Center Monday through Friday, 8:00 a.m. to 5:00 p.m. CDT, by calling +1-888-697-3900 or by e-mailing CustomerService@soa.org.

**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 |