**Society of Actuaries**

**Co-Sponsored or Recognized Partner 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 program for consideration.

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

Outline your intended audience.

Outline date, location, registration fees, link to registration page and anticipated attendance.

Submit to: Anna Abel

 Senior Director, Meetings and Professional Development

 Society of Actuaries

 aabel@soa.org