

2019 Professionalism in Practice Course

14 June | Guiyang, China



Seminar Registration

Online registration is strongly encouraged.

FEES (SELECT ONE)

Register by 20 May 2019

Register after 20 May 2019

| | | |
|-------------------------------------|-------|-------|
| <input type="checkbox"/> SOA Member | \$175 | \$275 |
| <input type="checkbox"/> Non-member | \$275 | \$375 |

| Mail-in Address (Submit by May 31): | Total Enclosed \$ |
|---|---|
| Society of Actuaries 2019 Professionalism in Practice Course SEM2019018 PO BOX 95600 Chicago, IL 60694-5600 | Check payable to the Society of Actuaries <i>Want to use a credit card?</i> <u>Online registration is available at SOA.org until June 3</u> |

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.

Company _____

1 Preferred Name on Badge _____

(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 _____

Emergency Contact Information: _____

(include full name and phone number)

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Company _____

2 Preferred Name on Badge _____

(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 _____

Emergency Contact Information: _____

(include full name and phone number)

Company _____

3 Preferred Name on Badge _____

(first name only)

First Name (Please use name on your ID) _____

Last Name (Please use name on your ID) _____

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City/State/ZIP _____

Country _____

Phone _____ Fax _____ E-mail _____

Emergency Contact Information: _____

(include full name and phone number)

Company _____

4 Preferred Name on Badge _____

(first name only)

First Name (Please use name on your ID) _____

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Company _____

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5 Preferred Name on Badge _____

(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 _____

Emergency Contact Information: _____

(include full name and phone number)

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. _____

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

PLEASE NOTE

- May 31, 2019 – deadline for cancellation requests (\$100 processing fee applies; optional tickets are not refundable)
- June 3, 2019– deadline for registration

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The Society of Actuaries (SOA) 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 Web sites. I further understand, agree and give permission for use of my likeness and voice recorded during this program for education purposes.

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name