

2019 Professionalism in Practice Course

25 November | Shanghai, China



Seminar Registration

Online registration is strongly encouraged.

FEES (SELECT ONE)

Register by 18 November 2019

Register after 18 November 2019

☐ SOA Member

\$175

\$275

☐ Non-member

\$275

\$375

Mail-in Address (Submit by November 11):

Society of Actuaries
2019 Professionalism in Practice Course
PO BOX 95600
Chicago, IL 60694-5600

Total Enclosed \$

Check payable to the ***Society of Actuaries***

Want to use a credit card?
Online registration is available at SOA.org until Nov. 18

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) _____

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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 _____

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Company _____

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(first name only)

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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

- November 15, 2019 – deadline for cancellation requests (\$100 processing fee applies; optional tickets are not refundable)
- November 18, 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