

## Symposium Registration

*Online registration is strongly encouraged.*

<u>FEES (SELECT ONE)</u>	<u>By 5/24</u>	<u>After 5/24</u>
<input type="checkbox"/> SOA Member	\$450	\$550
<input type="checkbox"/> Non-member	\$550	\$650

<p><b>Mail-in Address (Submit by May 20):</b></p> <p>Society of Actuaries 2021 China Symposium</p> <p>PO BOX 95600 Chicago, IL 60694-5600</p>	<p><b>Total Enclosed \$</b></p> <p>Check payable to the <i>Society of Actuaries</i></p> <p><i>Want to use a credit card?</i></p> <p><u>Online Registration is available at SOA.org until September 8</u></p>
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## 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

- 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 \_\_\_\_\_
- Preferred Name \_\_\_\_\_  
(first name only)

First Name (Please use name on your ID) \_\_\_\_\_

Last Name (Please use name on your ID) \_\_\_\_\_

# Annual China Symposium

3-4 June 2021

Shanghai, China



Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail (SOA member please provide  
registered SOA email address) \_\_\_\_\_

Company \_\_\_\_\_

3. 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 \_\_\_\_\_

4. 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 E-Mail (SOA member please  
provide registered SOA email address) \_\_\_\_\_

Company \_\_\_\_\_

5. Preferred Name \_\_\_\_\_  
(first name only)

First Name (Please use name on your ID) \_\_\_\_\_

Last Name (Please use name on your ID) \_\_\_\_\_

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registered SOA email address) \_\_\_\_\_

Company \_\_\_\_\_

## Concurrent Session Preference

1:30 –5:00 pm CST	1:30 –5:00 pm CST
Session A: Implementation impact of the new regulations	Session B: Product innovation

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

5. First and Last Name \_\_\_\_\_

Concurrent Session ☐ A / ☐ B

Professionalism in Practice Course Registration—This is an optional extension to the Symposium Registration. Additional fees apply.

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<u>FEES (SELECT ONE)</u>	<u>By 5/24</u>	<u>After 5/24</u>
<input type="checkbox"/> SOA Member	\$175	\$275
<input type="checkbox"/> Non-member	\$275	\$375

**PARTICIPANT DETAILS**

1. First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_
2. First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_
3. First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_
4. First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_
5. First and Last Name \_\_\_\_\_  
Email \_\_\_\_\_

MEETING FEE: \$ \_\_\_\_\_

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**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).

COURSE FEE: \$ \_\_\_\_\_  
TOTAL AMOUNT DUE: \$ \_\_\_\_\_

PAYMENT

1. Credit Card

Visa/Master Card No. \_\_\_\_\_  
Expiration 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:  
Email: [customerservice@soa.org](mailto:customerservice@soa.org)  
Phone Number: 888-697-3900  
Fax Number: 847-273-8529

PLEASE NOTE

- May 18, 2021—deadline for cancellation requests (\$100 processing fee applies; optional tickets are not refundable)
- May 27, 2021—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:

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

- ☐ Email
- ☐ Postal Mail

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

- ☐ Accept
- ☐ Decline

4. 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