

Annual China Symposium

13–14 June 2019

Guiyang, China



Symposium Registration

Online registration is strongly encouraged.

FEES (SELECT ONE)

By 5/20

After 5/20

☐ SOA Member

\$450

\$550

☐ Non-member

\$550

\$650

☐ Full-time Faculty Members or Regulators
– SOA Members Only

\$225

\$325

Mail-in Address (Submit by May 31):

Society of Actuaries
2019 China Symposium
SEM20191810
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 June 3.

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) _____

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 _____

5. Preferred Name on Badge _____

(first name only)

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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)

Concurrent Session Preference

1:30 –3:00 pm CST	3:30 –5:00 pm CST
Session A: Health and Health Management	Session B: Pension and Longevity Risk
Session C: New Technology and Innovation	Session C: New Technology and Innovation
Session D: IFRS and Latest Updates on Accounting Standard	Session D: IFRS and Latest Updates on Accounting Standard

1. First Name _____ Last Name _____
Concurrent Session ☐ A / ☐ C/ ☐ D
Concurrent Session ☐ B / ☐ C/ ☐ D 13 June Networking Reception ☐
2. First Name _____ Last Name _____
Concurrent Session ☐ A / ☐ C/ ☐ D
Concurrent Session ☐ B / ☐ C/ ☐ D 13 June Networking Reception ☐
3. First Name _____ Last Name _____
Concurrent Session ☐ A / ☐ C/ ☐ D
Concurrent Session ☐ B / ☐ C/ ☐ D 13 June Networking Reception ☐
4. First Name _____ Last Name _____
Concurrent Session ☐ A / ☐ C/ ☐ D
Concurrent Session ☐ B / ☐ C/ ☐ D 13 June Networking Reception ☐
5. First Name _____ Last Name _____
Concurrent Session ☐ A / ☐ C/ ☐ D
Concurrent Session ☐ B / ☐ C/ ☐ D 13 June Networking Reception ☐

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

Online registration is strongly encouraged.

FEES (SELECT ONE)

By 5/20

After 5/20

☐ SOA Member

\$175

\$275

☐ Non-member

\$275

\$375

PARTICIPANT DETAILS

6. First Name _____	Last Name _____
7. First Name _____	Last Name _____
8. First Name _____	Last Name _____
9. First Name _____	Last Name _____
10. First Name _____	Last Name _____

MEETING FEE:

\$ _____

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. _____
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:
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 the 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