# Symposium Registration

*Online registration is strongly encouraged.*

FEES (SELECT ONE) By 15/5 After 15/5

|  |  |  |
| --- | --- | --- |
| SOA Member | $450 | $550 |
| Non-member | $550 | $650 |
|  |  |  |
| 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 | | |

1. 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

1. 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

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City/State/ZIP Country Phone Fax E E-Mail **(SOA member please provide registered SOA email address**)

Company

1. 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

Concurrent Session Preference

|  |  |
| --- | --- |
| 1:30 –5:45 pm | 1:30 –5:45 pm |
| Session A: Pension | Session B: Investment |

* 1. First and Last Name Concurrent Session A / B

* 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

# Professionalism in Practice Course on May 31 afternoon

# Registration—This is an optional extension to the Symposium Registration. Additional fees apply.

*Online registration is strongly encouraged.*

FEES (SELECT ONE) By 15/5 After 15/5

|  |  |  |
| --- | --- | --- |
| SOA Member | $175 | $275 |
| Non-member | $275 | $375 |

PARTICIPANT DETAILS

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEETING FEE: $

## COURSE FEE: $ TOTAL AMOUNT DUE: $

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)

PAYMENT

1. Credit Card

Visa/Master Card No. Expiration Date (month/year) Security Code

1. 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 8770 W Bryn Mawr Avenue, Ste 1000, Chicago, IL 60631

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

Phone Number: 888-697-3900

Fax Number: 847-273-8529

PLEASE NOTE

* + May 10, 2024—deadline for cancellation requests ($100 processing fee applies; optional tickets are not refundable)
  + May 22, 2024—deadline for registration

**\*Questionnaire response**

**\***Please tell us how you heard about this event:

|  |  |
| --- | --- |
| □ | Instagram |
| □ | SOA WeChat & Weibo |
| □ | SOA News Weekly |
| □ | LinkedIn |
| □ | Twitter |
| □ | Email |
| □ | Section Newsletter |
| □ | Referred by Another Actuary |
| □ | Attended Last Year |
| □ | soa.org |
| □ | theactuarymagazine.org |
| □ | Other |

If other method, please note:

**\***I give permission for my first name, last name, and company name to be shared online and printed in the attendee list.

|  |  |
| --- | --- |
| □ | No |
| □ | Yes |

Under the Americans with Disabilities Act, do you require any of these specific aids or services to fully participate in this meeting? Check all that apply.

|  |  |
| --- | --- |
| □ | None |
| □ | Audio |
| □ | Neurodivergent |
| □ | Mobile |
| □ | Visual |

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

|  |  |
| --- | --- |
| □ | Accept |
| □ | Decline |