

Annual China Symposium

28–29 May 2018

Beijing, China



Symposium Registration

Online registration is strongly encouraged.

<u>FEES (SELECT ONE)</u>	<u>By 4/25</u>	<u>After 4/25</u>
<input type="checkbox"/> SOA Member	\$450	\$550
<input type="checkbox"/> Non-member	\$550	\$650

Mail-in Address (Submit by May 16): Society of Actuaries 2018 China Symposium SEM20181810 PO BOX 95600 Chicago, IL 60694-5600	Total Enclosed \$ Check payable to the <i>Society of Actuaries</i> <i>Want to use a credit card?</i> <u><i>Online Registration is available at SOA.org until May 21.</i></u>
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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

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)

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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)

Company _____

3. 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)

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 _____

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(include full name and phone number)

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Company _____

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)

Concurrent Session Preference

1:30 pm–3:00 pm CST	3:30 pm–5:00 pm CST
Session A: Practice of Investments in Insurance Industry Session B: Financial Assessment and Management	Session C: Application of New Technologies in Actuarial Practice Session D: Insurance for Critical Illnesses

1. First Name _____ Last Name _____

Concurrent Session A / B

Concurrent Session C / D

28 May Networking Reception

2. First Name _____ Last Name _____

Concurrent Session A / B

Concurrent Session C / D

28 May Networking Reception

3. First Name _____ Last Name _____

Concurrent Session A / B

Concurrent Session C / D

28 May Networking Reception

4. First Name _____ Last Name _____

Concurrent Session A / B

Concurrent Session C / D

28 May Networking Reception

5. First Name _____ Last Name _____

Concurrent Session A / B

Concurrent Session C / D

28 May 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 4/25

After 4/25

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 16, 2018—deadline for cancellation requests (\$100 processing fee applies; optional tickets are not refundable)
- May 21, 2018—deadline for online advance 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