



MEETING REGISTRATION FEE SCHEDULE

Take advantage of *EARLY REGISTRATION*. Rates increase by \$300 for registrations received after April 10. Please allow sufficient time for mailing.

Symposium Registration Fees	By April 10	After April 10
Member of CAS, CIA, iCAS, or SOA	\$1,100	\$1,400
Academic/Government/Retired	\$550	
All Others	\$1,400	\$1,700
Speaker Fee: Member of CAS, CIA, iCAS, or SOA	\$550	
Speaker Fee: Non-Member of CAS, CIA, iCAS, or SOA	\$0	
Guest* Fee	\$150	

*Please see definition of guest online at www.ERMSymposium.org/2019/Registration.

Mail this registration form to be received by **April 26, 2019** with payment to:

Casualty Actuarial Society
2019 ERM Symposium
P.O. Box 425
Merrifield, VA 22116-0425

REGISTRATION INFORMATION

Preferred First Name on Badge

First Name

Last/Family Name

Title

Company

Address

City/State

Postal/ZIP Code

Country

Phone

Email

Emergency Contact: (Name and Phone)

Special Lunch Request: Fruit Plate Vegetarian Kosher Gluten Free Other (You will be contacted)

Please indicate, if, under the Americans with Disabilities Act, you require specific aids or services to fully participate in this event: Audio Visual Mobile

Please indicate your affiliations: CAS CIA iCAS SOA Other

Guest Name

CANCELLATION POLICY

Registration fees will be refunded for cancellations received by the CAS Office on or before April 24, 2019, less a \$100 processing fee. Only written cancellations will be honored. Please send cancellation requests via fax to (703) 276-3108, or via email to refund@casact.org. In the rare event that the ERM Symposium is canceled, participants receive a full refund for registration fees paid. Transportation and hotel costs or fees are the responsibility of attendee and are therefore not reimbursable by the CAS.

CONSENT TO USE OF PHOTOGRAPHIC IMAGES

Registration and attendance at or participation at the Symposium constitutes an agreement by the registrant to the CAS's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videotapes, electronic reproduction and audiotapes of such events and activities.

PAYMENT INFORMATION

Check (payable to Casualty Actuarial Society) enclosed for the amount \$ _____

Credit Card for the amount \$ _____ (please check one): Visa Master Card American Express

Card Number

Expiration Date (MM/YY)

Cardholder's Name

Billing Address

Signature