

# 2017 UNDERWRITING COLLABORATION SEMINAR

March 6-7, 2017 • Crowne Plaza Chicago O'Hare • Chicago O'Hare, IL

## THREE WAYS TO REGISTER

### If Paying Online

For quick and convenient registration and payment, please visit:

[www.casact.org](http://www.casact.org)

### If Paying by Credit Card

OR Complete this form and MAIL to: OR

Casualty Actuarial Society  
4350 North Fairfax Drive, Suite 250  
Arlington, VA 22203

OR fax to: (703) 276-3108

### If Paying by Check

Complete this form and send with check made payable to:

Casualty Actuarial Society  
PO Box 425  
Merrifield, VA 22116-0425

If you fax in your registration with credit card information, please do not mail the original form as well—this may cause a duplicate charge to your credit card. All credit card payments will be processed in U.S. dollars.

## REGISTRATION INFORMATION\*

Name \_\_\_\_\_

Badge Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

\*This is not a change of address form. If you need to change your contact information listed with the CAS, please do so with the online change of address form, or call the CAS Member Resource Center to update your record.

## REGISTRATION FEES

Fees include any seminar materials, continental breakfasts, luncheon, refreshment breaks, and receptions. All registration fees listed are in U.S. currency.

Check One	CPCU/CAS/Member Active Candidate*/Subscriber Academic Correspondent	Nonmember	Post-Event Session Recordings**
<input type="checkbox"/> Received on or before February 10	\$650	\$850	\$50
<input type="checkbox"/> Received after February 10	\$850	\$1,050	
<input type="checkbox"/> Moderator/Panelist	\$325	Waived	

† An active Candidate is a non-CAS member who has attempted at least one actuarial exam in the last two years.

\*\* Post-Event Session Recordings are being made available to conference attendees at a discounted rate of \$50. Session recordings cover all or most of the sessions presented at the conference.

## METHOD OF PAYMENT

- Check enclosed for the amount \$ \_\_\_\_\_
- Credit Card for the amount \$ \_\_\_\_\_  
(please check one):  Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Note: Credit card payments will not be processed if any of the credit card information is blank.

## REGISTRANT AFFILIATIONS

(check all that apply)

- CPCU  
 FCAS  
 ACAS  
 Active Candidate  
 CAS Subscriber  
 CAS Affiliate  
 Academic Correspondent  
 Other \_\_\_\_\_
- Check here if you have any special requirements due to disability.

Check below if you have any special meal request:

- Kosher  
 Vegetarian  
 Gluten-Free  
 Other (please specify)  
\_\_\_\_\_

## CANCELLATION

Registration fees will be refunded for cancellations received by February 24, 2017, at the CAS Office, less a \$100 processing fee. Only written cancellations will be honored. Faxed cancellation requests will be accepted at (703) 276-3108 or via email to [refund@casact.org](mailto:refund@casact.org).