

CASUALTY ACTUARIES OF THE SOUTHEAST

REGISTRATION FORM

MEETING DATE: Tuesday, September 25, 2007

MEETING PLACE: Student University Center
Georgia State University
Atlanta, Georgia

REGISTRATION: **\$ 90.00 members/subscribers**
 \$ 25.00 full-time college students
 \$100.00 non-members/non-subscribers

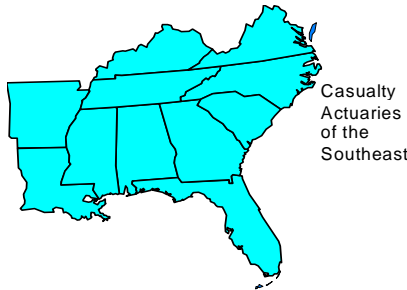
NAME: _____
TITLE/DEPARTMENT: _____
COMPANY: _____
ADDRESS: _____

TELEPHONE: _____
E-MAIL ADDRESS: _____

_____ I plan to attend the Fall 2007 meeting.
Registration fees for several individuals may be combined into a single check (enclose a completed form for each individual).

Please return this form along with a check made payable to CASE to:

Barbara Ferns
NCCI, Inc.
901 Peninsula Corporate Circle
Boca Raton, FL 33487



CASUALTY ACTUARIES OF THE SOUTHEAST

MEMBERSHIP FORM

NAME: _____

TITLE/DEPARTMENT: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

I wish to join CASE as a

- _____ Member (must be FCAS or ACAS)
_____ Subscriber-automatic (must have 3 CAS exams)
_____ Subscriber-other (subject to approval)

I have enclosed a check payable to CASE for:

_____ \$30 one-time enrollment fee (required for membership/subscribership, whether attending meeting or not). Enrollment fees for several individuals may be combined into a single check; enclose a completed form for each individual.

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