



Casualty Actuaries in Reinsurance (CARE)

Catastrophe Pricing and Risk Management

Thursday, February 28, 2002

The Roosevelt Hotel

Madison Avenue at 45th Street, New York, New York 10017 • 212-661-9600

REGISTRATION FORM

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____

Email: _____

Registration Fee: \$450.00 (\$722.00 Canadian)

Payment method: _____ **Check** _____ **Credit Card**

Type of card: ___ **MasterCard** ___ **Discover** ___ **Visa** ___ **Diners Club** ___ **AMEX**

Account number: _____ **Exp. Date** _____

Cardholder's Name: _____

Billing Address: _____

Signature: _____

Send payment with form to: **Casualty Actuarial Society**
P.O. Box 425
Merrifield, VA 22116-0425

Registrations may also be faxed to (703) 276-3108

*If you fax in your registration with credit card information, please do not submit the original form as well—
this may cause a duplicate charge to your credit card.*