

Casualty Actuarial Society

University of CAS Assistance Qualified Country Resident Registration Form

INDIVIDUAL INFORMATION

Name: _____

Job Title: _____

Organization: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Business Phone: _____ Email Address: _____

To qualify, you must be a resident of [one of these countries](#).

REGISTRATION INFORMATION

Those that qualify will receive a 50% discount on their selected items. For example, webinar recordings (normally \$30) will be \$15. Annual Meeting Recordings (normally \$199) will be \$99.5, etc.

The CAS's learning portal is based on an HTML5 site, so it is suggested that you use the following HTML5 compatible browsers:

- Internet Explorer 9 or higher
- Safari 3.6 or higher
- Mozilla Firefox 3.6 or higher
- Google Chrome

Test your system

Make sure that you can view your selection by trying out one of our [complimentary courses](#) first.

Cancellations/Refunds

You may withdraw from a recording or bundle at any time. However, once you have logged in to the course, you will not receive a refund.

PAYMENT INFORMATION

PLEASE INDICATE YOUR CHOSEN OFFERING(S)

Webinar Recording Name(s): _____

Meeting Name(s): _____

Seminar Name(s): _____

Online Course Name(s): _____

Bundle Name(s): _____

TOTAL \$ _____

Check enclosed (do not fax **and** mail registration form)

Credit Card **Type of Card** MasterCard VISA AMEX

Credit Card Number: _____ Exp. Date _____ (month/year)

Cardholder's Name: _____

Credit Card Billing Address: _____

Signature: _____

If Paying by Credit Card

Complete this form and MAIL to

Casualty Actuarial Society
4350 North Fairfax Drive, Suite 250
Arlington, VA 22203
(703)276-3100

OR fax to: (703) 276-3108

OR email to: office@casact.org

If Paying by Check

Complete this form and send with check made payable to:

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