Casualty Actuarial Society

University of CAS Assistance Qualified Country Resident Registration Form

INDIVIDUAL INFORMATION

Name:						
Organization:						
Address:						
City:	State/Province:	Postal Code:	Country:			
Business Phone:		Email Address:				
To qualify, you must be a resident of <u>one of these countries.</u>						

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 \$250) will be \$125, 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
- Mozilla Firefox 3.6 or higher

- Safari 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 INDICA	ATE YOUR CHOSEN OFFERING(s)			
Webinar Name(s)	:			
	:			
	·			
Online Course Na	me(s):			
		TOTAL \$		
Check enclosed				
Credit Card	Type of Card MasterCard	VISA	AMEX	
Credit Card Number:		Exp. Date		(month/year)
Cardholder's Nam	ne:			
Credit Card Billin	g 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 email to: office@casact.org

If Paying by Check

Complete this form and send with check made payable to:

Casualty Actuarial Society PO Box 710425 Philadelphia, PA 19171-0425