

Casualty Actuarial Society

University of CAS Offerings Group Registration Form Up to 10 People from the Same Institution

ORGANIZATION INFORMATION

Organization: _____
Address: _____
City: _____ State/Province: _____ Postal Code: _____ Country: _____
Contact Person: _____ Business Phone: _____
Email Address: _____

REGISTRATION INFORMATION

Registration Type	Fee
Webinars	\$120 per webinar
Annual/Spring; RPM/CLRS/Reinsurance Recordings	\$796 per meeting
Seminar Recordings (Underwriting, ERM P&C, In Focus)	\$596 per seminar
Introduction to the Use of Machine Learning in the P&C Insurance Industry Bundle	\$196 per bundle
iCAS Recordings Bundle: Predictive Modeling	\$516 per bundle

All participant information must be final upon receipt of this registration form.

At least one participant *must* be a member of the CAS.

All participants must register for the same offering.

To receive the greatest value for group registration, most if not all of the registrations should be at one company office to enable group discussion and dialogue.

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

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.

PARTICIPANT INFORMATION

Participant Name 1: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 2: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 3: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 4: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 5: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 6: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 7: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 8: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 9: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

Participant Name 10: _____

Job Title: _____

Business Phone: _____ Email Address: _____

Affiliation: FCAS ACAS Active Candidate CAS Affiliate Other _____ N/A

PAYMENT INFORMATION

PLEASE INDICATE YOUR CHOSEN OFFERING(s)

Participants may not be split between different webinars/meeting/seminar recordings

Webinar Name(s): _____

Meeting Name(s): _____

Seminar Name(s): _____

Bundle Name(s): _____

\$120 \$516 \$596 \$796 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