

CAMAR 2025 Spring Meeting

May 21, 2025

Mandeville Hall, St. Joseph's University, Philadelphia, PA

Three Ways to Register:

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| Online: For quick and convenient registration and payment please visit http://www.casact.org/community/affiliates/camar/ | Credit Card via Fax*: Complete and return form to 703-276-3108 | Mail: Send complete form and payment to: Casualty Actuarial Society, C/O CAMAR P.O. Box 710425 Philadelphia, PA 19171-0425 Make checks payable to the Casualty Actuarial Society. |
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**If you fax this registration form in with credit card information, please do not mail the original form as well – this may cause a duplicate charge to your credit card.
All credit card payments will be processed in U.S. dollars.*

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| 1. REGISTRATION INFORMATION: Name: _____ Badge Name: _____ Company: _____ Address: _____ City/State/Zip/Country: _____ Business Phone: _____ Email Address: _____ Attending Reception after Meeting? _____ Any Dietary Restrictions? – Please Describe _____ | 2. STATUS: <input type="checkbox"/> FCAS/ ACAS <input type="checkbox"/> Candidate <input type="checkbox"/> Other |
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| 3. ADDITIONAL REGISTRANTS (Include Status for each person below): | | | |
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| NAME: | STATUS: | | |
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| 4. REGISTRATION FEES (in U.S. Dollars) | Received on/before May 10, 2025 | Received after May 10, 2025 | Number of Attendees | Total Due |
|--|------------------------------------|--------------------------------|------------------------|-----------|
| Base Registration Fee | \$150 | \$160 | | |
| College Student | \$ 10 | \$ 10 | | |
| Retired Actuary and College Professor Rate | \$ 75 | \$ 75 | | |
| Speakers | Fee waived | Fee waived | | |

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| 5. PAYMENT METHOD: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Type of Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX Account Number: _____ Exp. Date: _____ (month/year) Cardholder's Name: _____ Credit Card Billing Address: _____ Signature: _____ |
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| 6. Implied Waiver: By completing this registration, you are agreeing to the following statement: I desire to voluntarily participate in the Spring Meeting (Event) operated by CAMAR that will be held on the May 21st at Saint Joseph's University ("SJU"). I hereby warrant and represent that I do not have any medical condition or physical limitation that would put me at risk for injury as a result of my participation in the Event. In consideration of my voluntary participation in the Event and my use of SJU's facilities, (i) I hereby assume all risks of injury which may result from my participation in the Event and my use of SJU's facilities, and (ii) I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to waive, indemnify, hold harmless, release and discharge SJU, its affiliates, and its respective officers, trustees, directors, employees, agents, successors and assigns from any and all claims, damages, demands, rights of action or cause of action, present or future, known or unknown, anticipated or unanticipated, resulting from, or arising out of, my participation in the Event, and my use of SJU's facilities. I agree to abide by all of the policies, procedures, instructions rules and regulations of SJU in effect during my participation in the Event. I understand that SJU is not affiliated with CAMAR and that SJU is not a sponsor or co-sponsor of the Event but is merely allowing CAMAR to use its facilities for the Event. I have read and understand the foregoing and affirm that I am participating in the Event of my own free will. |
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REFUND POLICY:

CAMAR cannot issue refunds after the fact for registrants who were unable to attend the meeting. You are welcome to change your registration to a substitute if you cannot attend. We will issue full refunds for advance cancellations received by May 10, 2025.

Refunds/cancellation requests should be sent in writing to the CAS Office, refund@casact.org, by May 10, 2025