

### Three Ways to Register

<p><b>Register Online!</b> Easy and No Hassle</p> <p><a href="http://www.actuaries.org/ASTIN2007/">www.actuaries.org/ASTIN2007/</a></p>	<p><b>By Credit Card*</b> Complete this form and:</p> <p>FAX to: (703) 276-3108 <b>OR</b></p> <p>MAIL to: Casualty Actuarial Society 4350 North Fairfax Drive, Suite 250 Arlington, VA 22203</p>	<p><b>By Check</b> Complete this form, include a check payable to Casualty Actuarial Society and:</p> <p>MAIL to: Casualty Actuarial Society PO Box 425 Merrifield, VA 22116-0425</p>
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### 1. Personal Information

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

First Name (as it should appear on badge) \_\_\_\_\_

Company or University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Family Name of Accompanying Person \_\_\_\_\_ First Name (as it should appear on badge) \_\_\_\_\_

### 3. Additional Information

I plan to attend the 37<sup>th</sup> ASTIN Colloquium  Yes  No

I plan to attend the CAS Spring Meeting  Yes  No

Number of Accompanying Persons you wish to register  1  2  \_\_\_\_

Are you a member of an academic or business institution?  Academic  Business

Please send me additional CAS Spring Meeting (17-20 June 2007) information  Yes  No

Check here if you have any special requirement due to disability and the CAS Office will contact you.

Dietary restrictions: \_\_\_\_\_

### 2. Please indicate which applies:

- FCAS
- ACAS
- CAS Candidate
- CAS Affiliate Member
- Subscriber
- Academic
- Actuarial Ph.D. Candidate (indicate school below)  
\_\_\_\_\_
- Member of Other Actuarial Organization  
\_\_\_\_\_

### Cancellation Refund Policy

Cancellation or alterations should be sent in writing to the Colloquium Secretariat via e-mail at [meetings@casact.org](mailto:meetings@casact.org) or fax at (703) 276-3108. Cancellations received before 14 April 2007 will be refunded 80 percent of the registration fee. After this date, no refunds will be made.

### \* Credit Card Notice

All credit card purchases will be processed in U.S. Dollars. 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.

**Please Complete BOTH Sides of This Registration Form**

# ASTIN 2007

37<sup>th</sup> International ASTIN Colloquium 19-22 June, 2007

37<sup>th</sup> International ASTIN Colloquium and  
Casualty Actuarial Society Spring Meeting  
Disney's Contemporary® Resort  
Lake Buena Vista, Florida, United States

## 4. Registration Fees

Category	Received	Received	TOTAL
	1 January 2007 – 10 February 2007	11 February 2007 – 20 May 2007	
<b>Delegate</b>			
ASTIN	\$1,050	\$1,100	
ASTIN & CAS Spring Meeting	\$1,650	\$1,700	
<b>Academic</b>			
ASTIN	\$650	\$700	
ASTIN & CAS Spring Meeting	\$1,250	\$1,300	
<b>Actuarial Ph.D. Candidate</b>			
ASTIN	\$300	\$300	
ASTIN & CAS Spring Meeting	\$900	\$900	
<b>Accompanying Persons</b>			
ASTIN	\$550	\$600	
ASTIN & CAS Spring Meeting	\$850	\$900	
<b>Event Fees</b>			
Tuesday Welcome Party (Age 2 years and under)	Free	Free	
Tuesday Welcome Party (Age 3 – 20 years old)	\$70	\$70	
Tuesday Welcome Party (Age 21 and older)	\$140	\$140	
Wednesday Innovation in Action Tour (Tour open to ages 16 or older)	\$100	\$100	
Thursday NASA Excursion (Age 2 years and under)	Free	Free	
Thursday NASA Excursion (Age 3 – 20 years old)	\$150	\$150	
Thursday NASA Excursion (Age 21 and older)	\$225	\$225	
Friday Cypress Gardens Tour	\$55	\$55	
TOTAL			\$

## 5. Method of Payment

- Check enclosed for the amount of \$ \_\_\_\_\_.
- Charge my credit card\* for the amount of \$ \_\_\_\_\_.
- Visa       MasterCard       American Express

Credit Card Number

Expiration Date (mm/yyyy)

Cardholder's Name

Credit Card Billing Address

Signature—Credit card payments will not be processed without a signature.

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