

REGISTRATION FORM

2018 ACOPA Actuarial Symposium | August 10-11, 2018



STEP ONE : Registrant Information

Please register only one person per form. All fields are required – please type or print legibly.

First Name:		Middle Initial:		Last Name:	
Badge Name:		Designations:			
Title:					
Company:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
Email:					

Please note that information printed above for Badge Name, Company, City and State will appear on your conference badge exactly as stated.

Does the address above signify a change of address?

Yes, please change my address No

STEP TWO: Additional Information

Please check dietary requirements (if applicable):

Kosher Vegetarian Gluten Free Other: _____

If you require any other special accommodations due to a disability, please specify: _____

STEP THREE: Payment

	Early* (by 7/6/18)	Regular (7/7/18 – 8/3/18)	On-site (after 8/3/18)
Member	<input type="checkbox"/> \$760	<input type="checkbox"/> \$860	<input type="checkbox"/> \$960
Non-Member	<input type="checkbox"/> \$910	<input type="checkbox"/> \$1,010	<input type="checkbox"/> \$1,110

Total Due: _____

Check Payment: Check number: _____

Mail checks to: American Retirement Association, PO Box 34725, Alexandria, VA 22334-0725

Credit Card: Visa Mastercard American Express Discover

Name as it appears on card:	
Card Number:	
Expiration Date:	
Authorized Signature:	

To prevent duplication of payment, send your registration form only once. If you are mailing it, do not fax it and vice versa.

*To qualify for the early registration fee, registration and payment must be received by July 6, 2018. The fee is calculated based on the receipt date of the registration form, not the postmark. Registrations will be accepted through August 3, 2018 at the regular registration rate. Any registrations received after this date will be charged the on-site registration fee.