

22nd Colloquium

GROUPE CONSULTATIF

23 October 2009 REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Surname:

Title:

Forename(s)

Dietary Requirements:

Full name of Accompanying Person:

National Actuarial Association to which Participant belongs:

Name of Company:

Address:

All correspondence will be by e-mail or fax

Tel:

Fax:

e-mail:

Signed:

Date:

Registration Fee

The registration fee includes participation, Colloquium documentation, refreshments and lunch. The Colloquium Dinner is **NOT** included in the fee.

Euros

Registration Fee (€390 per person incl VAT). Number of people _____ € _____

Dinner Fee (€90 per person incl VAT). Number of people _____ € _____

TOTAL AMOUNT € _____

Payment Method I am transferring € _____ (all costs to me)
to the bank account of the

European Actuarial Academy, HypoVereinsbank,: Unter Sachsenhausen 37, 50667 Cologne, Germany

Account (IBAN) no: DE 15 3702 0090 0337 9095 58. Bank ID code (BIC/Swift): HYVEDEMM429

*Please ensure that your name is included on the transfer.**

Please return this form when completed by using 'Submit form' button below or by printing out and sending to:

European Actuarial Academy, Hohenstaufenring 47-51, 50674 Cologne, Germany. Tel: +49 221-912554-21

no later than 12 October 2009. The order in which forms are received could determine acceptance.

Participants who cancel their confirmed place up to and including **9 October 2009** will be subject to a cancellation charge of €100. There will be no refund for cancellations received after that date.

**Please note that proof of payment e.g. a copy of instructions to your bank (for Bank transfer) will be required at time of registration and on arrival at the Colloquium.*

Submit form