

CONFERENCE REGISTRATION FORM

2016 LIMRA Annual Conference

October 23-25, 2016 – Chicago Marriott Downtown Magnificent Mile, Chicago, IL

To Register Online – www.limra.com/events

Company _____

Last name/Family name _____

First name/Given name _____

MI _____

Name for badge _____

Spouse/Significant other (if attending) _____

Title _____

Address _____

City _____

State/Province _____

Country _____

Postal code _____

Phone () _____

Ext. _____

Fax () _____

Email _____

Registration Fees* (U.S. Funds)

Early Birds**

LIMRA Member – \$1,295

LOMA (but not LIMRA member) – \$1,945

Nonmember – \$2,590

After September 28, 2016

Member – \$1,495

LOMA (but not LIMRA member) – \$2,245

Nonmember – \$2,990

Spouse/Significant other – \$150

Interpretation – \$150 (Spanish***)

Interpretation – \$150 (Portuguese***)

CT employees add CT 6.35% sales tax

Total \$ _____

*LIMRA requires prepayment of registration fees. **Discount for payments received by September 28, 2016.

***Minimum of 15 people for one language required for this service. If minimum is not met, fee will be refunded.

Cancellation Policy

All cancellations must be received in writing. Notify customer.service@limra.com. Cancellations received before September 30, 2016 will be refunded, less a \$75 processing fee. Cancellations received from September 30, 2016 to October 14, 2016, will be refunded, less a \$375 processing and administrative fee. No refunds will be issued after October 14, 2016.

In the event that a scheduled meeting or event is cancelled by LIMRA for any reason, LIMRA shall refund any conference registration fees that have been paid by the registrant. Under no circumstances, however, shall LIMRA be liable to the registrant for any other expenses including, but not limited to, airfare and hotel expenses incurred by the registrant.

Method of Payment

Check enclosed (payable to LIMRA in U.S. funds drawn on a bank in the United States)

Credit card (check one): MasterCard VISA Discover AMEX Diners

Card number _____

Exp. date _____

CVV _____

(3- or 4-digit security code) located on the back of MC, VISA, Discover, Diners, and on the front of AMEX

Signature _____

Credit card billing address if different from above:

Address _____

City, state, zip _____

Advance Attendee List

LIMRA provides an advance attendee list with your business address to each Exhibitor and Sponsor registered for this conference. These vendors offer unique solutions and specialized expertise for our industry, and LIMRA limits their use of the advance list to one time in conjunction with this event.

May we include your email address on the advance attendee listing? Yes No

Full Privacy Policy is viewable at www.limra.com.

1st time attendee at the conference

Will you be attending the Women Leaders' Reception on Sunday, October 23 (LIMRA members only – women in the financial services industry)? Yes No

Will you be attending the Networking Luncheon on Monday, October 24? Yes No

Please list any dietary restrictions: _____

Workshop selections (Designate choice by number)

Sunday, October 23 – 4:00 to 5:00 p.m. (#1-3) _____

Monday, October 24 – 10:30 to 11:30 a.m. (#4-7) _____

1:00 to 2:00 p.m. (#8-11) _____

Tuesday, October 25 – 10:15 to 11:15 a.m. (#12-15) _____

Please fax or mail this form to:

LIMRA

Attn: Events Registration

300 Day Hill Road, Windsor, CT 06095-1783, U.S.A.

Fax: 860-285-7792

For LIMRA Use

Registration number _____

Date received _____

Company number _____

Registrant number _____

Amount received _____

