

**FOR LOMA USE**

Date received \_\_\_\_\_

CC/Check # \_\_\_\_\_

Amount received \_\_\_\_\_

Last (Family) Name

First (Given) Name

MI Professional Designations

First Name on Badge

Job Title

Company Name

Phone

Company Mailing Address

City

State/Province

ZIP/Postal Code

Country (Required)

E-mail Address (Required) \_\_\_\_\_

Fax

Alternate e-mail address to send copy of confirmation \_\_\_\_\_

How did you hear about this meeting?  
 Brochure  E-mail  Web  
 LIMRA/LOMA Representative  Other

Please provide a cell phone number in the event we must contact you regarding any urgent last minute conference changes:  
 \_\_\_\_\_

**Registration**

**Register by 17 October 2014**

- LIMRA or LOMA member US\$650
- Nonmember US\$750

**Register after 17 October 2014**

- LIMRA or LOMA member US\$750
- Nonmember US\$850

Check here if you have any dietary restrictions, such as vegan or halal.

**Advance Attendee List**

LIMRA and LOMA provide an advance attendee list to this conference's Exhibitors and Sponsors. These vendors offer unique solutions and specialized expertise for our industry; we permit them to use the list once in conjunction with this event. **May we include your e-mail address on the advance attendee listing?**

- Yes  No

Full Privacy Policy is viewable at [www.limra.com/privacypolicy.aspx](http://www.limra.com/privacypolicy.aspx).

**Method of Payment**

\$ \_\_\_\_\_ Payment in U.S. funds enclosed.

\$ \_\_\_\_\_ Credit card  VISA  MasterCard  AMEX

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Today's Date \_\_\_\_\_

ZIP or Postal Code for Credit Card Billing Address \_\_\_\_\_

Print Name of Card Holder \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

**Multiple Registration Discount**

Companies sending multiple attendees will receive one free registration for every five paid registrations.

<b>Pay by Wire Transfer</b>		Date: _____ Amount: _____
All wire transfers must be sent in U.S. funds to Bank of America.	Bank routing number: 026009593 Account number: 003284476761 Account title: IL Global DBA LOMA Swift code: BOFAUS3N	Please reference the "IndiaConf2014" and your full company name on the wire transfer. Please add \$15 US for bank charges.
		Bank Name _____
		Bank Address _____
		Bank Fax Number _____

Send with check or credit card number to: LOMA Meetings  
 2300 Windy Ridge Pkwy., Suite 600  
 Atlanta, GA 30339-8443 USA

Fax: 1 (770) 984-6419 Phone: 1 (770) 984-3764 Email: [meetings@loma.org](mailto:meetings@loma.org)

Registration form will not be processed without payment.  
**Please make checks payable to LOMA.** For multiple registrations, please copy this blank form and submit one for each participant.

**Refund Policy:** All cancellations and refund requests must be received in writing. These requests carry a U.S. \$100 administrative charge. Full refunds minus the administrative fee will be granted on written requests received no later than ten business days before the meeting date. No refunds will be granted if the request is received within ten business days of the meeting. If for any reason a meeting is cancelled, LIMRA/LOMA will refund the total registration fee. However, LIMRA/LOMA will not be responsible for any travel, hotel accommodations or other costs incurred. Cancellation requests should be submitted to [meetings@loma.org](mailto:meetings@loma.org).