

CONFERENCE REGISTRATION FORM

2015 Group & Worksite Benefits Conference
September 15–17, 2015 – Loews Portofino Bay Hotel, Orlando, FL
To Register Online – www.limra.com/gwbc

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 (By August 19, 2015)

LIMRA Member – \$1,145 \$ _____

LOMA (but not LIMRA) member – \$1,720 \$ _____

Nonmember – \$2,290 \$ _____

Standard (After August 19, 2015)

Member – \$1,295 \$ _____

LOMA (but not LIMRA) member – \$1,945 \$ _____

Nonmember – \$2,590 \$ _____

Spouse/Significant Other – \$100 \$ _____

CT employees add CT 6.35% sales tax \$ _____

Total \$ _____

*LIMRA requires prepayment of registration fees.

Please fax or mail this form to:

LIMRA
Attn: Events Registration
300 Day Hill Road, Windsor, CT 06095, U.S.A.
Fax: 860.285.7792

Cancellation Policy

All cancellations must be received in writing. Cancellations received before August 25, 2015, will be refunded, less a \$75 processing fee. Cancellations received from August 25, 2015, to September 8, 2015, will be refunded, less a \$275 processing and administrative fee. No refunds will be issued after September 8, 2015.

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 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

I plan to attend the Hard Rock Café dinner on Wednesday, September 16, at 5:30 p.m. (no charge)

Please list any dietary restrictions: _____

Workshop Selections (Designate choice by number.)

Tuesday, Sept. 15 — 3:45 to 4:45 p.m. (#1–3) _____

Wednesday, Sept. 16 — 9:45 to 10:45 a.m. (#4–6) _____

11:00 a.m. to 12:00 noon (#7–9) _____

1:15 to 2:15 p.m. (#10–12) _____

2:30 to 3:30 p.m. (#13–15) _____

Thursday, Sept. 17 — 8:00 to 9:00 a.m. (#16–19) _____

Senior Officer Executive Session*

Pre-registration is required.

Wednesday, Sept. 16 — 9:45 to 10:45 a.m. _____

*Workshop 4 is exclusively for: CEO, President, Executive Vice President, Senior Vice President, CMO, Heads of Sales, Heads of Distribution, CFO, and COO.

For LIMRA Use

Registration number _____

Date received _____

Company number _____

Registrant number _____

Amount received _____

15GIMC



3-digit security code



4-digit security code

