



Accredited as a Full Member  
of the International Actuarial Association

**CARIBBEAN ACTUARIAL ASSOCIATION - 20<sup>TH</sup> ANNUAL CONFERENCE**  
**December 2-3, 2010, Hilton Barbados**

**REGISTRATION FORM**

Name:	First _____	Middle _____	Last _____		
Position:	Actuarial Designation (if applicable): _____				
Company:	_____				
Address:	_____				
Business Phone:	Cell phone:	Fax Number:			
E-mail Address:	Spouse's Name (if attending): _____				
<b>Category of Employer:</b>	Insurance Co <input type="checkbox"/>	Bank or Investment Advisor <input type="checkbox"/>	Consulting Actuary <input type="checkbox"/>	General Insurance <input type="checkbox"/>	
	Insurance Broker <input type="checkbox"/>	Regulator <input type="checkbox"/>	University/College <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Preferred Shirt Size:</b>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	Other <input type="checkbox"/>
<b>FLIGHT INFORMATION:</b>	<b>DATE</b>	<b>PORT &amp; TIME</b>	<b>AIRLINE &amp; FLIGHT NO.</b>		
ARRIVAL					
DEPARTURE					
AIRPORT PICK UP <input type="checkbox"/> DROP OFF <input type="checkbox"/> REQUIRED					
<b>CONFERENCE FEE:</b>					
Payment can be made by VISA, MASTERCARD or cheque. For cheques or drafts, make payable to the Caribbean Actuarial Association in US currency. All transactions will take place in Barbados dollars at an exchange rate of BDS\$2.03875:US\$1.00.					
Fellows (Members of CAA)	<input type="checkbox"/>		US\$	675 (575*)	
Fellows (Non-Members of CAA)	<input type="checkbox"/>		US\$	775 (675*)	
Other Non-Members	<input type="checkbox"/>		US\$	675 (575*)	
Students and Associates (Members of CAA)	<input type="checkbox"/>		US\$	275 (225*)	
Spouses	<input type="checkbox"/>		US\$	245	
One Day			US\$	250	
<b>TOTAL</b>			<b>US\$</b>		
<b>*Early Bird Registration fees applicable up to 1 November 2010.</b>					
<b>Cancellations after 1 November 2010 are subject to a 75% refund.</b>					
<b>CARD INFORMATION:</b>					
<b>CARD NUMBER:</b>	<b>TYPE:</b>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>		
<b>SIGNATURE:</b>	<b>EXPIRY DATE:</b>				
<b>NAME OF CARDHOLDER (IF DIFFERENT)</b>					
<b>Please return this form to Lisa Wade either by fax or email:</b>					
Eckler Ltd.	Tel: (246) 228-0865	Email: lwade@eckler.ca			
Culloden Office Complex	Fax: (246) 228-0847				
Francis Godson Drive, St. Michael					
Barbados BB14001					