

Registration Form



Singapore Actuarial Society

EVENT

Singapore Appointed Actuaries Symposium

DATE AND VENUE

2 December 2008, 9.00am to 5.00pm, Amara Hotel

PERSONAL PARTICULARS

Name in English _____
Company in English _____
Designation _____
Address _____
Phone _____ Fax _____
Email _____
Preferred name on badge _____
 Member of SAS, Membership No: _____
 Non-member of SAS

Name in English _____
Company in English _____
Designation _____
Address _____
Phone _____ Fax _____
Email _____
Preferred name on badge _____
 Member of SAS, Membership No: _____
 Non-member of SAS

Name in English _____
Company in English _____
Designation _____
Address _____
Phone _____ Fax _____
Email _____
Preferred name on badge _____
 Member of SAS, Membership No: _____
 Non-member of SAS

REGISTER before 14 November 2008

You may fax the registration form to Ms Patsy Lau at +65 6396 9185.

For enquiry please contact Ms Patsy Lau at +65 9647 7577.

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Singapore Actuarial Society

REGISTRATION

<input type="checkbox"/>	S\$300 (members of SAS)	X	_____	=	S\$ _____
<input type="checkbox"/>	S\$350 (non-members of SAS)	X	_____	=	S\$ _____
			Total	=	S\$ _____

We/I understand no refund will be made for cancellation. However, an alternate delegate can attend on my behalf (please ask him/her to inform Ms Patsy Lau in advance of the date that the symposium is held).

Date _____ Signed _____

PAYMENT

We/I enclose a Singapore Cheque / International Bank Draft payable to "Singapore Actuarial Society":

Bank _____ Cheque / Draft No. _____

*Please mail cheque to:

Singapore Actuarial Society
C/O
150 Cecil Street
#10-01
Singapore 069543