

**COPA PPA Regional Workshop – Atlanta – 8:30am–4:30 pm – June 11, 2007**

For questions please contact Mary Ann Rocco at (714) 969-3813 or Rick Groszkiewicz at (770) 971-8913.

**HOTEL INFORMATION:**

**Buckhead Embassy Suites**  
3285 Peachtree Road Northeast ♦ Atlanta, GA 30305  
404-261-7733

We have five (5) hotel rooms specifically blocked out for this event, at a rate of \$139 per night. Call Embassy Suites Reservations at 800-362-2779, and tell them you are in the COPA Atlanta seminar. If you think you may need a hotel reservation you would be advised to make one as soon as possible.

Please register only one person per form.

Note that space is limited to 35 attendees. There will be no onsite registration.

Name: \_\_\_\_\_

Enrollment Number (if applicable): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**COPA Membership Application (if joining as a new member or renewing your membership)**

If you are not already a member of COPA by joining now you will receive the lower registration fee. You must be an enrolled actuary to join. If you are joining or renewing please be certain to fill in your enrollment number above and check the applicable box below:

- I certify that I am an active enrolled actuary certified to sign schedules B for the current enrollment period.
- I certify that I am an enrolled actuary carried on the records of the Joint Board as retired in good standing.

**COPA annual membership dues are \$240.** If you are joining COPA or renewing your membership please be sure to include your \$240 annual dues with your payment, which will cover your dues through December 31, 2007 **and register for the conference as a member.**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**Registration Fee**

CHECK ONE: Member  \$275 **OR** Non-Member  \$350  
Registration Fee from above: \$ \_\_\_\_\_  
COPA annual membership dues: (if applicable) \$ \_\_\_\_\_  
**TOTAL PAYMENT:** \$ \_\_\_\_\_

Please charge my:  MasterCard  Visa  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return this registration form via fax to (630) 325-2660 or mail with your check made payable to *College of Pension Actuaries* to:  
College of Pension Actuaries, P.O. Box 5262, Oak Brook, IL 60523-2108