

**COPA PPA Regional Workshop – Seattle – 8:30am–4:30 pm – June 18, 2007**

For questions please contact Michael Spaid at Benefit Administration Company, LLC (206) 625-1800.

**HOTEL INFORMATION:**

**Washington Athletic Club**  
1325 6<sup>th</sup> Avenue ♦ Seattle, WA 98101  
206-622-7900

There are a limited number of hotel rooms specifically blocked out for this event. If you think you may need a hotel room you would be advised to make a reservation as soon as possible. Please identify yourself as a member of the College of Pension Actuaries in order to get the special room rate of \$199 a night, plus tax.

Please register only one person per form.

Note that space is limited to 17 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