

CONFERENCE REGISTRATION FORM

2015 Marketing & Research Conference
May 27 – 29, 2015 – Four Seasons Hotel Baltimore, Baltimore, MD
To Register Online – www.limra.com/marketingandresearchconf

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**

LIMRA Member – \$1,145 \$ _____

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

Nonmember – \$2,290 \$ _____

After May 1, 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.
**Discount for payments received by May 1, 2015.
Registration price includes cost of \$25 for materials.

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

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.

Attendee's Primary Focus (badge identification – select one)

- Marketing
 Research
 Both Marketing and Research

1st time attendee at the conference

Please list any dietary restrictions: _____

Workshop Selections (Designate choice by number.)

Wednesday, May 27 – 2:45 to 3:45 p.m. (#1–4) _____
4:00 to 5:00 p.m. (#5–8) _____

Thursday, May 28 – 10:30 to 11:30 a.m. (#9–12) _____
1:00 to 2:00 p.m. (#13–16) _____
2:15 to 3:15 p.m. (#17–20) _____

Friday, May 29 – 8:15 to 9:15 a.m. (#21–22) _____

Cancellation Policy

All cancellations must be received in writing. Cancellations received before May 6, 2015, will be refunded, less a \$75 processing fee. Cancellations received from May 6, 2015, to May 20, 2015, will be refunded, less a \$275 processing and administrative fee. No refunds will be issued after May 20, 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 _____



3-digit security code



4-digit security code

For LIMRA Use

Registration number _____
Date received _____
Company number _____
Registrant number _____
Amount received _____

15MRC

