

**SOCIETY OF INSURANCE RESEARCH
Annual Conference -- Registration Form**

**Gaylord Opryland Hotel, Nashville, TN
October 21 – 24, 2007**

Please type or print

Are you an SIR Member? Yes No

Name (Mr. Ms.): _____

Prof/Edu Designation: _____ Nickname for Badge: _____

Title: _____ Company: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ E-Mail: _____

Fee enclosed: (U.S. Funds Only) \$ _____ Spouse's Name if Attending: _____

How did you learn of this event? Advertisement; publication name: _____ e-mail from the Society
 printed brochure from the Society Other: _____

Have you attended an SIR event in the past? Yes No If yes, most recent year: _____

Please Note: • Questions, phone 317-398-3684 . • Cancellations must be received by October 7th to receive refund. • Make check payable to " Society of Insurance Research ". • Fax to: 317-642-0535 ; or • Mail to: 631 Eastpointe Drive Shelbyville, IN 46176	Registration Fee Schedule (check appropriate fee)			
	Postmarked by October 5		Postmarked after October 5	
	SIR Members	Non Members	SIR Members	Non Members
Pre-Conference Workshop (A or B only)	<input type="checkbox"/> \$ 650	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 1,000
Conference Only	<input type="checkbox"/> 850	<input type="checkbox"/> 1,100	<input type="checkbox"/> 950	<input type="checkbox"/> 1,200
Conference plus Workshop A or B	<input type="checkbox"/> 950	<input type="checkbox"/> 1,200	<input type="checkbox"/> 1,050	<input type="checkbox"/> 1,300
Spouse or other person attending meals	<input type="checkbox"/> 75	<input type="checkbox"/> 75	<input type="checkbox"/> 75	<input type="checkbox"/> 75

Payment:
Check: Attached Will Follow SIR Coupon Number: _____

Credit Card: Visa Master Card American Express

Card Number: _____

Expiration Date: _____ / _____ CV Number*: _____
** 3 digits on back of Visa or MasterCard; 4 digits on front of American Express*

Name on Card: _____

Billing Address (include zip): _____

I plan to attend the following (please check all that apply):	Sun 10/21	Mon 10/22	Tues 10/23	Wed 10/24
Pre-Conference Workshop A: Competitive Research	--	<input type="checkbox"/>	--	--
Pre-Conference Workshop B: Customer Value Management	--	<input type="checkbox"/>	--	--
Annual Conference	--	--	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, choose one of:				
• Research for Product Development	--	--	<input type="checkbox"/>	--
• Measures That Drive Performance	--	--	<input type="checkbox"/>	--
Tuesday, choose one of:				
• Enterprise Risk Management	--	--	<input type="checkbox"/>	--
• Claims profitability	--	--	<input type="checkbox"/>	--
Breakfast	--	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	--	<input type="checkbox"/>	<input type="checkbox"/>	--
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--

S.I.R. USE:	Received:	Posted:	Amt \$:	Check #:	Ackn:	Posted:
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