

PREFIX: _____ FIRST NAME: _____ MIDDLE: _____ SURNAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ E-MAIL ADDRESS: _____

BUSINESS PHONE: _____ FAX NUMBER: _____

(INCLUDE COUNTRY & CITY CODES)

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CRITERIA & FEES:

<input type="checkbox"/> GLOBAL MEMBER US \$15,000 Exclusive to multi-national corporations	<input type="checkbox"/> CORPORATE MEMBER US \$7,500 Exclusive to single market corporations	<input type="checkbox"/> ASSOCIATE MEMBER US \$2,500 Exclusive to regulators, government, NGOs associations and Insurtech	<input type="checkbox"/> ACADEMIC MEMBER US \$100 Exclusive to full-time employees of a non-profit university	<input type="checkbox"/> INDIVIDUAL MEMBER US \$500 Exclusive to retired insurance professionals
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FOR CORPORATE OR GLOBAL MEMBERSHIP, PLEASE PROVIDE DETAILS FOR ADDITIONAL REPRESENTATIVES:

NAME: _____ TITLE: _____ EMAIL: _____

NAME: _____ TITLE: _____ EMAIL: _____

PAYMENT OPTIONS:

Please return this form with payment to: International Insurance Society, 101 Astor Place, Suite 202, New York, NY 10003-7132, USA

CREDIT CARD: Visa MasterCard American Express

CARDHOLDER'S NAME: _____

CREDIT CARD NUMBER: _____

EXP. DATE: _____ BILLING POSTAL CODE: _____

CARDHOLDER'S SIGNATURE: _____

WIRE TRANSFER: Contact IIS for instructions: info@internationalinsurance.org

CHECKS: **MUST** be drawn on **US BANK** in **US DOLLARS** and made payable to: **International Insurance Society**