



<http://www.caifpa.org>

**Journey to Southeast Asia**  
**10-Days 9-Nights Singapore & Thailand Tour**

**Registration Form**  
**(Please print or write legibly)**

Legal Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

Industry Specialty: Life/Financial Services ( ), P&C ( ), Health ( )

Others (please specify): \_\_\_\_\_

Passport No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Life Member (as of 05/31/18): Yes/No

Spouse/Guest: \_\_\_\_\_ If yes, please complete a separate form

Company Name & Address:

\_\_\_\_\_  
\_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RSVP & Payment Deadline: 6/30/2018**

Completed Form Email To: [caifpa08@gmail.com](mailto:caifpa08@gmail.com)

**NOTE: Registration is on a First-Come, First-Served Basis**