

Chicago Actuarial Association

2010-2011 Officers

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Website - <http://ChicagoActuarialAssociation.org>

E-mail - ChicagoAct@gmail.com

EVENT: Summer 2011 Golf Outing

Date: Friday August 19, 2011
Location: Deerfield Golf Club, Riverwoods, IL
Tee Time: 11 am and every 8 minutes thereafter as we add foursomes
Fee: \$25
Coordinator: Jim Thompson, Central Actuarial Associates

The Chicago Actuarial Association Golf Outing will be at Deerfield Golf Club at 1201 Saunders Rd in Riverwoods IL 60015. This is north of Lake Cook Rd. and west of (and abutting on) Tollway I-94. The entrance is on the east side of Saunders Road and north of Deerfield Road. For more exact directions, go to their website on www.deerfieldgolf.org under Contact > Directions. The subsidized price of the outing (\$25) includes 18 holes of golf cart, practice balls, two beverage tickets and lunch. **Please be sure to arrive at least 30 minutes before your tee time in order to ensure that you get your box meal, your golf cart and your foursomes in place (earlier if you want use of the practice range).**

We will once again promote networking with fellow Chicago actuaries by requesting participants to submit their applications with at most one other person. Also we will have the usual contests (closest to the pin, longest drive, etc.) and some prizes. Golfing foursomes will be based on blind bogey. The blind bogey should be a number that, when subtracted from your 18-hole score, gives a result between 72 and 90. **Applications should be submitted along with payment to the Chicago Actuarial Association by Thursday, August 11th**, to allow time for scheduling and notification of tee times. You may register by **mail, Fax, or E-mail.**

Please send your registration and payment (any checks should be payable to the Chicago Actuarial Association):

Jim Thompson, Central Actuarial Associates
P.O. Box 1361
Crystal Lake, IL 60039-1361
E-mail: jimthompson@ameritech.net / Fax number: 815-459-2092

If you have questions, please contact Jim at **815-459-2083** or E-mail jimthompson@ameritech.net

| Name(s) | Company | Phone Number | E-mail Address | Blind Bogey |
|---------|---------|--------------|----------------|-------------|
| 1. | | | | |
| 2. | | | | |

Please indicate any special dietary requirements here:

If paying by credit card: Please print clearly. VISA[], MasterCard[], Am Express [], Discover []

Name as it appears on credit card: _____

Billing Address on Card: _____

Card Number: _____ Expiry Date: _____ Security Code: _____

Amount \$ _____ Signature: _____