

## LACP Virtual Conference Registration Form

*Duplicate this form if necessary and return with your payment to:*

*LACP \* 700 North 10th St. Ste.250\* Baton Rouge, LA 70802*

*Phone: (225) 387-3261 \* Fax (225) 387-3262*

To register for the virtual conference, complete this form and submit with payment to the above address. Names will not be submitted until payments are received. Chiefs ONLY will be allowed to register for Virtual Training.

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile :(\_\_\_\_) \_\_\_\_\_ (Must have for tech support from site)

Office :(\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_

\$100 LACP Chiefs

Make checks payable to LACP. Total amount enclosed \$ \_\_\_\_\_

Please complete the following information to pay by credit card:

\_\_\_ Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ Disc

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ V. Code \_\_\_\_\_ (three digit security code)

Billing Address \_\_\_\_\_

\_\_\_\_\_