

LACP Mid-Year 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 Mid-Year conference, complete this form and remit with payment to the above address.

Name: _____

Rank: _____

Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : (____) _____ Mobile: (____) _____

Email: _____

\$150 LACP Member

\$200 Non Member

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 _____
