

LACP Fall Conference Registration Form

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

*LACP * 6767 Perkins Rd Suite 120* Baton Rouge, LA 70808*

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

To register for the LACP Fall 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

\$50 Retired Member

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

Please complete the following information to pay by credit card:

A 4% fee will be charged for all credit card payments.

____ Visa ____ MC ____ AMEX ____ Disc

Name on Card _____

Card Number _____

Exp. Date _____ V. Code _____ (three digit security code)

Signature _____