

LACP Annual Conference Registration Form

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

LACP * 6767 Perkins Rd, Ste.120* Baton Rouge, LA 70808

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

The conference registration fee entitles participants to all training sessions and special functions affiliated with the conference. To register for the conference, complete this form and mail with payment to the above address.

Name *(Rank/Title)*: _____

Spouse: _____

Department/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax:(____) _____

Email: _____

- \$240 LACP Member *(includes spouse)*
- \$285 Non Member *(includes spouse)*
- \$125 Retired Member *(includes spouse)*
- \$50 Child Registration (All Ages) Number of children attending: _____
- \$0 Golf Outing
- \$0 Pistol Match
- \$45 Souvenir Conference Shirt **Circle Size** M L XL 2XL 3XL 4XL 5XL
Shirt sizes guaranteed by pre-order only. Limited supply will be available on site for purchase.

Make checks payable to LACP mail to 6767 Perkins Rd, Ste.120 Baton Rouge, LA 70808 or email to Stephanie@lachiefs.org.

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)*

Email to send Receipt _____