

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

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

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

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

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

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

Phone : (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

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

\$180 LACP Member Only

\$230 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 \_\_\_\_\_

Email for Receipt \_\_\_\_\_