

Name \_\_\_\_\_ MD/DO/Student/Other \_\_\_\_\_

Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Check or Money Order Enclosed

Card Type \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Credit Card Zip Code \_\_\_\_\_ Special dietary needs: \_\_\_\_\_

I will attend the Welcome Reception on Friday Night (included in registration)

I will bring a \_\_\_\_\_ #guest(s) (additional fee)

Guest Name(s) for Badge(s): \_\_\_\_\_

I will attend the Resident-Fellow Dinner/Social on Friday Night (included in registration)

I will bring a \_\_\_\_\_ #guest(s) (no additional fee)

Guest Name(s) for Badge(s): \_\_\_\_\_

Members \$200

Guest(s) # \_\_\_\_\_ \$50 Each

Member Residents-Fellows Free

Medical Students Free

Non-Members \$300

Non-Member Residents-Fellows \$50

Total Amount Enclosed: \$ \_\_\_\_\_

Please [click here](#) to register and pay online, list your credit card information below and return by fax to 225.209.7088 or return this form with your check by mail to LPMA, 9655 Perkins Rd., #C-152, Baton Rouge, LA 70810. You may also call 225.761.3718 for more information.