

Fall Meeting Registration Form • **August 25 - 26, 2017** • **Event Schedule** • **Renaissance Baton Rouge Hotel** • **Baton Rouge, LA**

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.