

# LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

P. O. Box 4151, Baton Rouge, LA 70821-4151 • Telephone: (225) 338-0705 • Fax: (225) 383-6414

## Continuing Education Registration

To attend a seminar, fax a completed registration form to the LASIE office at (225) 383-6414. Follow up by mailing a copy of your registration along with a check made payable to Louisiana Association of Self Insured Employers or LASIE to P.O. Box 4151, Baton Rouge, LA 70821-4151. Payment is required in advance of attendance. Sorry, we are unable to accept credit card payments. Register early—seating for each seminar will be limited. Thank you.

**Seminar Check-In:** Begins 30 minutes prior to instruction times listed below. These times are tentative.

**Lunch:** 1-hr. (on your own, unless otherwise noted)

*Please check the classes you are registering to attend:*

- Module I—7 hrs CE    9:00 am—5:00 pm:    **Certified Workers' Compensation Professional Program—Module I—Principles of Workers' Compensation and Emerging Issues**, The Bankers Center, 5555 Bankers Avenue, Baton Rouge, LA  
Monday  
March 28, 2016  
  
Cost: \$250—LASIE Members; \$375—non-members
- Module II—14 hrs CE    9:00 am— 5:00 pm:    **Certified Workers' Compensation Professional Program—Module II—Workers' Compensation Case Management**, The Bankers Center, 5555 Bankers Avenue, Baton Rouge, LA  
Tuesday & Wednesday  
March 29-30, 2016  
  
Cost: \$250—LASIE Members; \$375—non-members
- Module III—7 hrs CE    9:00 am—5:00 pm:    **Certified Workers' Compensation Professional Program—Module III—Workers' Compensation Medical**, The Bankers Center, 5555 Bankers Avenue, Baton Rouge, LA  
Thursday  
March 31, 2016  
  
Cost: \$250—LASIE Members; \$375—non-members
- Module IV—7 hrs CE    9:00 am—5:00 pm    **Certified Workers' Compensation Professional Program—Module IV—Workers' Compensation Loss Prevention & Safety Management**, The Bankers Center, 5555 Bankers Avenue, Baton Rouge, LA  
Friday  
April 1, 2016  
  
Cost: \$250—LASIE Members; \$375—non-members

*Please note—no shows will be billed.*

<b>Name:</b>			
<b>Company:</b>			
<b>Mailing Address:</b>			
<b>City/State/Zip:</b>			
<b>Phone:</b> (       )		<b>Fax:</b> (       )	
<b>E-mail:</b>			
<b>Signature:</b>			
<b>Method of Payment:</b>	Check <input type="checkbox"/>	Money Order <input type="checkbox"/>	Cash <input type="checkbox"/> Credit Card <input type="checkbox"/>