

# AAIDD-LA 2016 SPRING WORKSHOP REGISTRATION FORM

Please TYPE or PRINT

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

Title: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Membership Status: (Verified at registration table) AAIDD Member \_\_\_\_\_ Non-Member \_\_\_\_\_

**Choose ONLY ONE Session:**

	AAIDD Member	Non-Member	<u>TOTAL</u>
<input type="checkbox"/> <b>Session 1</b> Friday, April 1, 2016 Baton Rouge Woman's Hospital Airline Hwy  *Registration includes Lunch	\$60	\$75	_____
<input type="checkbox"/> <b>Session 2</b> Tuesday, May 3, 2016 Alexandria Piccadilly Restaurant MacArthur Drive  *Registration includes Lunch	\$60	\$75	_____

**MAKE CHECKS PAYABLE TO AAIDD-LA**

Return completed form with payment to:

Gulf Coast Social Services  
 Attn: Pat Landry  
 5850 Florida Blvd  
 Baton Rouge, LA 70806

Phone: (225) 201-0696 Fax: (225) 201-1793