

Fall Meeting Registration Form • Sept. 30 - October 1, 2016 • [Renaissance Arts Hotel](#) • New Orleans, LA

Name _____ MD/DO/Student/Other _____

Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____ Cell _____

Email _____

Please return this form with your check by mail to LPMA, 9655 Perkins Rd., #C-152, Baton Rouge, LA 70810. You may also list your credit card information below and return by mail or fax it to 225.209.7708. Or call 225.761.3718 or email lpmastaff@lpma.net if you need more information. Thanks.

Check or Money Order Enclosed

Card Type _____ Card # _____

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

I plan to attend the Welcome Reception on Friday, September 30 (included in registration).

I will bring a # _____ guest(s) to the Welcome Reception on Friday, September 30 (includes Saturday sessions).

I plan to attend the Resident-Fellow Career Planning Round Table Presentation on Saturday morning.

Total Amount Enclosed: \$ _____

- Members \$200
- Guest(s) \$50 ea.
- Member Residents-Fellows Free
- Medical Students Free
- Non-Members \$300
- Non-Member Residents-Fellows \$50