



REGISTRATION FORM

Thursday & Friday, Sept. 27 & 28, 2018

L'Auberge Casino Hotel, Baton Rouge

Mr./Ms. _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Additional Registrants:

Name _____ Email _____

Name _____ Email _____

Name _____ Email _____

Registration Fee

Received on/before Sept. 10

Received after Sept. 10

LABI Members

\$350*

\$400*

Non-Members

\$420*

\$470*

**Includes the price of a 2018 LABI Workers' Compensation Desk Book, a requirement for the seminar.*

Check enclosed in the amount of \$_____ to cover registration for _____ attendee(s)

Charge \$_____ to: VISA MasterCard American Express

Account Number _____ Exp. _____ CVC _____

Credit Card Billing Address _____

Signature _____

I am unable to attend. Please send information about the LABI Workers' Compensation Desk Book.

Payment in full must accompany each registration. Make checks payable to LABI Service Corporation. Return completed form and fee to LABI Service Corporation, PO Box 80258, Baton Rouge, LA 70898-0258.

For more information or to register by phone, call (225) 928-5388.