

Rev. 01/30/08

**REGISTRATION FORM**  
**LPHA 2008 ANNUAL EDUCATIONAL CONFERENCE**  
 April 16, 17 and 18, 2008  
 Holiday Inn Select  
 4728 Constitution Avenue (just off I-10 – take College Drive Exit)  
 Baton Rouge, LA

LPHA 2008 Educational Conference		QTY	AMT
<b>MEMBERSHIP DUES</b> (Non-refundable)	\$25		
<b>*PRE-REGISTRATION</b> Member	\$100		
Non-member	\$125		
<b>*ON-SITE REGISTRATION</b> Member	\$115		
Non-member	\$140		
<b>*RETIRES' REGISTRATION</b> Member	\$50		
Non-Member	\$75		
<b>*REGISTRATION FEE INCLUDES:</b> 1 – Icebreaker Ticket 1 – Thursday Luncheon Ticket ( <u>Does NOT include Banquet Ticket – must be purchased separately – See Below*</u> )			
<b>**STUDENT REGISTRATION</b> **Conference Registration ONLY. Icebreaker/Banquet NOT INCLUDED – Tickets must be purchased separately!	FREE		
<b>ORDER ADDITIONAL TICKETS BELOW:</b>			
<b>ICEBREAKER</b>	\$15		
<b>*BANQUET (Not included in Registration Fee)</b>	\$20		
<b>TOTAL AMOUNT ENCLOSED</b>			

**For Hotel Reservations, call:**

Holiday Inn Select  
 (225) 925-2244 or (800) 678-4065  
 Ask for Reservations and use Code K21

Deadline for Hotel Reservation is  
 Close of Business, March 15, 2008

Room rates are: \$89/single \$99/double

**Conference Registration Information:**

Make Checks Payable to:  
 LPHA/Local Arrangements  
 Registration Deadline March 24, 2008  
 Mail to:

**LPHA LOCAL ARRANGEMENTS**  
 7173-A FLORIDA BLVD  
 BATON ROUGE LA 70806

Questions? -- Call (225) 644-5916  
 Or  
 Check website: [www.lpha.org](http://www.lpha.org)

**LPHA Bowling Tournament**

Contact Tenney Sibley - [tsibley@dhh.la.gov](mailto:tsibley@dhh.la.gov)

**LPHA Golf Tournament**

Contact Lance Broussard – (225) 342-7674

Please circle Yes or No for the following questions:

I will attend the Icebreaker Yes No      Are You Retired? Yes No  
 I will attend the Luncheon Yes No      Are You an APHA Member? Yes No

**PLEASE PRINT:**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AGENCY/ORGANIZATION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Section Preference** (Please Circle One):      **Administrators & Physicians**      **Clerical & Statistical**      **Environmental**  
    **Laboratory**     **Nursing**     **Allied Health Services**

*Refunds for Registration and/or Social Events will only be made after the conference. Membership dues are NOT refundable. Member must submit, in writing, reason for refund. A \$15 Administrative Fee will be deducted from refund amount.*