



LAPA Registration (Please print all information below.)

Due May 3, 2010—Return this form along with payment: **LAPA Convention Fund**

Last Name

First Name

Spouse/Guest

Names of Children & Ages

FIRM: _____ **Work Phone** _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

FEES: \$ 800 per Member (Spouse included)	\$
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Name: _____

Name: _____

Golf Tournament: \$ 150 per Person	X	<input type="checkbox"/>	=	\$
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Name & Handicap: _____

Name & Handicap: _____

TOTAL ENCLOSED	\$
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RETURN FORM & PAYMENT TO: LAPA PO Box 80640 Baton Rouge, LA 70898

Payment may be made with a credit card