



Perspectives in Medical Malpractice

GENERAL INFORMATION

Judge Bar Roll Number _____

Ms. Mr. Name _____

First Name for Badge _____

Firm Name _____

Address _____

City/State/Zip _____

Office Phone _____ Home Phone _____

Fax _____

Please check here or contact the LSBA if you have a disability which may require special accommodations at this conference.
The LSBA is committed to ensuring full accessibility for all registrants.

Advance Registration - \$350 Printed Manual - \$40

Registrtration - After Sept. 29 - \$375 Flash Drive - \$25

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Registration forms may be mailed or faxed.**

Please return this form with your remittance to:

Seminar Registration - Louisiana State Bar Association, 601 St. Charles Ave., New Orleans, LA 70130-3404

Questions? Please call (504)619-0102 (800)421-5722, ext. 102 • fax (504)617-7050