

# Registration Form

## The Nuts & Bolts of Medicare & Medicaid

Wednesday, March 27, 2024 • Hyatt Centric French Quarter Hotel • 800 Iberville St., New Orleans

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 - \$175

Flash Drive - \$25

Registration After March 20 - \$200

Printed Manual - \$40

SEMINAR PAYMENT

**Pay by Check:** Make checks payable to the Louisiana State Bar Association.

**Pay by Credit Card:** Please charge \$\_\_\_\_\_ to my credit card  VISA  MC  Discover

Last four (4) digits of credit card \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

CREDIT CARD INFO

*The credit card information below will be destroyed after your credit card has been charged:*

### CLE REGISTRATION

Please charge \$\_\_\_\_\_ to my credit card  VISA  MC  Discover

Credit Card Account Number \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

**The LSBA will no longer accept registration forms with credit card information via email.  
REGISTRATION FORMS MUST 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**