

# Registration Form

## Written Test Prep Workshop

### August 28 / November 20, 2010

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/Apt. #/ P.O. Box

City State Zip  
e-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street/Apt. #/ P.O. Box

**Register me for the Workshop as follows:**

- I am a LASACT member enclosing \$79
- I am NOT a LASACT member enclosing \$99

**Mail this form with payment to:**

LASACT  
P.O. Box 80235  
Baton Rouge, LA 70898-0235

**Add \$20 extra to register at the door.**

**I wish to attend on the date checked below:**

- Saturday, August 28, 2010 - Tau Center, 8080 Margaret Ann Ave., Baton Rouge, LA
- Saturday, November 20, 2010 - Location to be announced

**Check all applicable:**

- My Check or Money Order is enclosed
- Please charge my registration to my credit card as follows:  
**Credit card information may be phoned in to 225.766.2992 if followed by fax of this form.**

Card Type and Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ V Code: \_\_\_\_\_

Signature: \_\_\_\_\_