

**April 17, 2019
Delhi Civic Center
232 Denver St, Delhi, LA**

**Cost
\$50**

Registration—Please Print Clearly

System/Company Name:

First Name:

Last Name:

Title:

Operator Id # (if applicable)

AND

Last 4 digits of SS # (**required**):

Email Address :

Office Phone #:

Cell Phone #:

Fax #:

System/Company Mailing Address:

City:

State:

Zip:

PAYMENT METHODS ACCEPTED

Checks to: LRWA, PO Box 180, Kinder, LA 70648

Credit Cards: Visa, MC, Am Exp, Discover (**4% processing fee** will be added)

Card Number: _____

Expiration Date: _____ Total Amt to Charge **including 4%:** _____

Phone#: _____ Email Address: _____

Signature: _____

Email to: larwa@centurytel.net or Fax to: 337-738-5620

A \$15 fee will be applied to cancellation refunds requested by April 8th.
No refunds will be granted after April 8th.

LRWA Use Only

Date Rec'd:

Amount:

Ck #: