

Regulatory Forum Training December 3-4, 2019

Please select your choice below:		
	\$150	Full Registration
	\$100	1 Day Registration

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: _____

Name on Card: _____

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

Phone#: _____ Email Address: _____

Signature: _____

My signature above authorizes LRWA to charge credit card for the fee of this class + a 4% credit card convenience fee.

LRWA Use Only

Date Rec'd:

Amount:

Ck #: