

2008 LEPA/GOHSEP WORKSHOP REGISTRATION FORM

Name : _____ Badge Nickname: _____

Title/Position: _____ Company/Agency: _____

Phone: (W) _____ (H) _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

***Please note Complete Workshop registrants MUST pre-register to attend the HazMat training.**

Complete Workshop*:

Includes all classes (including HAZMAT day*), meals and social events

Member \$150 _____

Non-Member \$225 _____
Price includes 2008 LEPA Membership

Student \$ 100 _____

Late Fee \$ 25 _____

**Please include late fee after
May 16, 2008.**

____ Yes, I plan to attend HazMat Training Day on Thursday, June 5, 2008

**Please check the social events you plan to attend:
(social events must be pre-registered for)**

- ____ President's Reception (Mon., June 2nd, 6:00pm)
____ Evening Social with the Vendors (Tues., June 3rd, 5:00pm)
____ Membership Banquet (Tues., June 3rd, 7:00pm)
____ Wednesday Evening Social (Wed., June 4th, 6:00pm)

The President's Reception, Evening Social with Vendors, Membership Banquet and Wednesday Evening Social are ticketed events.

EM 101 Training ONLY:

Member \$ 25 _____

Non-Member \$ 25 _____

HazMat Training Day ONLY:

Includes continental breakfast and lunch

Member \$ 50 _____

Non-Member \$ 125 _____

Spouse/Guest Complete Meal Package:

Includes all meals and social activities.

Spouse/Guest \$ 75 _____

Spouse/Guest Name: _____

Additional Tickets:

Please mark the events to which you will need additional tickets.

President's Reception No. _____ @ \$25 _____

Membership Banquet No. _____ @ \$25 _____

Wednesday Evening Social No. _____ @ \$25 _____

Golf Tournament Registration:

Includes green fee, cart fee, range balls, lunch and refreshments. If you do not have a four person team, you will be teamed up with other golfers at the course.

Golf Fee \$50 _____

Shirt Size (circle one): S M L XL XXL

Do you have a 4 person team? Yes No

Please provide your team members names below.

Payment Information:

TOTAL FEES: \$ _____

Payment Method: Check Enclosed Visa MasterCard Discover Am. Express

Name on Card: _____ Signature: _____

Card No.: _____ Exp. Date: _____

Make checks payable to LEPA or provide credit card information above and mail or fax to:
8550 United Plaza Blvd, Ste 1001, Baton Rouge, LA 70809
Office: (225) 408-4757
Fax: (225) 408-4422