

LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

2018 HEALTH CARE SEMINAR  
REGISTRATION FORM

WEDNESDAY | FEBRUARY 28, 2018  
@ MARRIOTT

6 hours of Continuing Education-Property & Casualty, Life & Health,  
Adjuster License, CWCP, Certified Case Manager and Nursing, HR

NAME

COMPANY NAME

ADDRESS

CITY | STATE | ZIP

PHONE NUMBER

E-MAIL

METHOD OF PAYMENT

- PAYMENT ENCLOSED
- BILL MY COMPANY (MAIL IN CHECK )  
MAKE CHECKS PAYABLE TO LASIE  
PO BOX 4151 BATON ROUGE, LA 70821-4151
- PAY WITH CREDIT CARD  
(CONVENIENCE FEE APPLIED)

TOTAL AMOUNT: \$ 175

SIGNATURE

