

LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

2018 HEALTH CARE SEMINAR
REGISTRATION FORM

WEDNESDAY | MAY 23
@ 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: \$ 150

SIGNATURE

