

# 2015 ANNUAL HEALTH CARE CONFERENCE

## MARCH 10, 2015

### REGISTRATION FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

***Mailed registration must be post-marked by Friday, February 27.  
Online registration will end at the close of business Friday, March 6.***

- ☐ Business - \$95 per individual
- ☐ Local, State or Federal Government Employees (No Fee)
- ☐ Louisiana Health Care Commission, State Legislator or Legislative Staff (No Fee)

LIFE, HEALTH AND ACCIDENT PRODUCER CE CREDIT:

\_\_\_\_ Please check if you are interested in receiving  
Life, Health and Accident Producer CE Credits.

License Number \_\_\_\_\_

Office Use Only – Fiscal 58	
Batch #	_____
CR #	_____

#### CONFERENCE SITE AND HOTEL ACCOMMODATIONS

The conference will be held at the Crowne Plaza Baton Rouge – 4728 Constitution Avenue, Baton Rouge, LA 70808. A block of rooms is available at the Crowne Plaza Baton Rouge for the nights of March 8, 9 and 10 at a special rate of \$97 per night, until the block is sold. For reservations, please call (225) 930-0130 and mention the Louisiana Department of Insurance Health Care Conference rate or visit the website at [www.crownebaton.com](http://www.crownebaton.com) and enter code DOI.

#### PAYMENT

There are two payment options for this year's conference. Electronic funds transfer via your personal or business checking account will be an option for payment. If you wish to use electronic funds transfer please access the following link for payment: <https://www.ldi.la.gov/onlineservices/LDIHealthConference/Registration.aspx>. You may also mail your check and registration form to the Louisiana Department of Insurance. Please make your check payable to the Louisiana Department of Insurance, Attention: LHCC, Post Office Box 94214, Baton Rouge, LA 70804-9214.

#### CANCELLATION POLICY

A full refund will be issued if written notice is received before February 24. No refunds will be accepted on February 24 or after due to hotel food and beverage guarantees. A refund request must be submitted in writing to the Department of Insurance address above, emailed to [healthcareconf@ldi.la.gov](mailto:healthcareconf@ldi.la.gov) or faxed to (225) 342-7401.

#### LIFE, HEALTH AND ACCIDENT PRODUCER CONTINUING EDUCATION

In order to earn up to six hours of Life, Health and Accident Insurance CE credits, producers must sign in and out at the CE Credit Table before and after the conference and attend the conference presentations. *(No exceptions.)*