

REGISTRATION FORM

Name: _____ Title: _____

Business/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

REGISTRATION INFORMATION:

***Mailed registration must be post-marked by Friday, February 27.
Online registration will end at the close of business Monday, March 2.***

- ☐ 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 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.lds.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 or after February 24 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@lds.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.)*

EXHIBITOR BOOTH INFORMATION

For information on an exhibitor booth, please contact Kristen Kieren at (225) 219-4772 or kkieren@lds.la.gov.

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