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|  | **REGISTRATION FORM**  ***2020 LPHA ANNUAL EDUCATIONAL CONFERENCE***  ***“Advocacy and Collaboration – Public Health in Everything”***  ***April 1-2, 2020***  ***Holiday Inn Downtown Superdome***  ***330 Loyola Avenue – New Orleans, LA 70112*** |

**For Hotel Reservations, call:**

**Holiday Inn Downtown-Superdome at**

1-800-238-0227

Standard Room Rate: $139 + tax

*(Conference Code: LPH )*

*Parking for one vehicle per hotel room is complimentary; $5 parking for attendees not registered at the hotel. The LPHA room block is limited and will be held at the conference rate through March 1st.*

**Pre-Registration Deadline: March 15, 2020**

*For on-line registration and payment by credit/debit card go to* [*www.lpha.org*](http://www.lpha.org) *or mail registration form and check or money order to:*

LPHA Local Arrangements

7515 Jefferson Hwy., # 161

Baton Rouge, LA 70806

**Registrants needing special accommodations can contact Janet Merritt at 225 324-6989 or** [**busmgr.lpha@yahoo.com**](mailto:busmgr.lpha@yahoo.com) **.**

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|  | **COST** | QTY | **AMT** |
| **PRE-REGISTRATION FEE\*:**  **LPHA Regular Member**  **LPHA Student Member**  **Non-Member**  **Non-Member Student**  ***\* Registration fee includes Wednesday lunch and President’s Reception; Thursday general business meeting continental breakfast and Awards Luncheon..*** | $ 125  $ 75  $ 170  $ 100 |  |  |
| **GUEST TICKET: RECEPTION** | $ 25 |  |  |
| **GUEST TICKET:** AWARDS LUNCHEON | $ 25 |  |  |
| **ONSITE REGISTRATION ADDED FEE**  ***(no electronic payments onsite)*** | $30 |  |  |
| **TOTAL AMOUNT ENCLOSED** |  |  |  |

***\*For membership application/renewal and payment process, please visit our website*** [***www.lpha.org***](http://www.lpha.org) ***.***

***PLEASE PRINT:***

**NAME:**

**CREDENTIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME MAILING ADDRESS:**

**CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE: E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**AGENCY/ORGANIZATION:**

**JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_BUS. PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section Preference (Please Circle One): Behavioral Health Env. Health Epidemiology Food & Nutrition Health Admin./Medical Care Health Educ. & Promotion

# Health Informatics Laboratory Nursing

# Office Professionals Retiree Student

Confirmation of registration will be made by e-mail or by phone. Requests for refund of registration must be submitted in writing to be considered. Approved refunds will only be made after the conference, and a $25 Administrative Fee will be deducted from refund amount. Membership dues are not refundable.