



**24<sup>th</sup> ANNUAL LEDA CONFERENCE REGISTRATION FORM**  
**L'Auberge Resort and Conference Center, Lake Charles, LA**  
**October 9-11, 2013**

NAME: \_\_\_\_\_ SYSTEM: \_\_\_\_\_ REGION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME E-MAIL: \_\_\_\_\_

POSITION: \_\_\_\_\_ WORK E-MAIL: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

<b>Pre-Registration (postmarked by 8/30/13)</b>	<b>On-site Registration (postmarked 8/31/13 or after)</b>
*Member & Associate Member \$270 _____ <small>**NOTE: MEMBERSHIP DUES MUST BE PAID PRIOR TO OR ALONG WITH REGISTRATION TO RECEIVE DISCOUNTED PRICE</small>	*Member & Associate Member \$300 _____
*Nonmember- \$300 _____	*Nonmember \$330 _____
One Day (Luncheon not included) \$140 _____ Member/Nonmember	One Day (Luncheon not included) \$150 _____ Member/Nonmember
If you are coming for one day only, please indicate which day (circle).                      W    Th    F	
Luncheon Only Ticket (10/10/13) \$ 50 _____	Luncheon Only Ticket (10/10/13) \$ 50 _____
<b>TOTAL</b> _____	<b>TOTAL</b> _____

***\*THREE-DAY REGISTRATION INCLUDES THURSDAY'S LUNCHEON FEE***

Please indicate whether you will be attending the Thursday's Luncheon Banquet:    YES    NO

NOTE: Please indicate any special needs you may have with which we may be of assistance.

SEND REGISTRATION FORM AND PAYMENT TO:

Susan Zeagler, NCED (LEDA Treasurer)

P.O. Box 86855

Baton Rouge, LA 70879

All fees can be sent in one check made payable to LEDA. Enclose all registration forms. Include Region # on check.

**\*\*REFUND REQUESTS SHOULD BE SUBMITTED IN WRITING TO THE TREASURER WITHIN TWO WEEKS OF THE CONFERENCE AND WILL BE REVIEWED BY THE EXECUTIVE COUNCIL FOR CONSIDERATION\*\***