

**Louisiana Practice of Medicine in the Future**  
*February 16, 2011*  
*Pennington Biomedical Research Center*  
**Baton Rouge, LA**

General Information (MUST BE LEGIBLE) PLEASE COMPLETE ENTIRE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

1<sup>st</sup> Name as Preferred on Badge: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Parish: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email:\* \_\_\_\_\_

\*\_\_\_\_Please indicate by checking this box as to whether we may add you to our distribution list to receive updates from the Department of Health and Hospitals.

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\_\_\_\_\_ I would like to register for the February 16, 2011 event.

For the upcoming February 16, 2011 event, these are some questions that I would be interested in: (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For future sessions, I would be interested in the following topics: (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FORM MUST BE RECEIVED BY**  
**Friday, February 11, 2011**

IMMEDIATELY FAX REGISTRATION FORM TO:  
Karen Stassi at fax: 985-796-1672; Email: Karen.Stassi@la.gov; Phone: 225-342-3417