



Name _____ Degree _____
 Practice Name _____
 Title _____
 Address _____
 City/ State/Zip _____
 Phone _____
 Email _____

Registration Fees

Includes entrance to all sessions, printed program, lunch and badge.

Practice Registration

Please fill out the form above with your office contact then provide us with a list of all your registrants and their email addresses on a separate piece of paper or by email.

Payment

Payment can be made by check, VISA, MasterCard, or American Express. Registrations will be gladly accepted through **Tuesday, December 1, 2009.**

Cancellation/Refund Policy

All cancellations and requests for refunds must be in writing and received by fax (504-841-0572) no later than **Wednesday, November 25, 2009.** A handling fee of \$10.00 will be deducted from each cancelled registration received by credit card. No refunds will be given after **November 25, 2009.**

How to Register

Fax - 504-841-0572
 Mail - LA-ACC Coding Meeting
 2420 Athania Parkway, Suite 101
 Metairie, LA 70001

Please note, we will not accept registrations over the phone. A registration form must be provided especially for credit card transactions. Thank You!

Coding Course Fees

LA-ACC Members & Their Staff Fee..... \$35.00 Non-Members & Their Staff Fee.....\$75.00

Payment Information (please check one)

Check Credit Card

Circle one: Visa MasterCard AmEx

E-mail:

Card #:

Exp. Date:

Total Amount : \$

Signature:

Name as on card:

Billing Address:

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