



2nd Quarterly LATA Conference

June 10-12, 2015

Sam's Town Hotel and Casino
315 Clyde Fant Parkway
Shreveport, Louisiana

Conference Registration

First Name: _____ Last Name: _____

This is my first LATA conference: Yes No

Representing: _____

Title: _____ Email Address: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Spouse or Guest Name: _____

Please sign me up for the following committees:

- Ad Valorem By-Laws Business & Industry Computer Tech Education Legislative
 Membership OLT State & Local Audit Trials Uniform Forms

I/We will attend the following:

Myself Guest Event

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Thursday Board of Directors Luncheon (Board Members Only Please) |
| <input type="checkbox"/> | <input type="checkbox"/> | Thursday Luncheon |
| <input type="checkbox"/> | <input type="checkbox"/> | Thursday Night Dinner |
| <input type="checkbox"/> | <input type="checkbox"/> | Friday Breakfast |

	<u>Members</u>	<u>Non-Members</u>
Registration on or before May 20, 2015	___ \$200	___ \$235
Registration received after May 20, 2015	___ \$210	___ \$245
Total Remitted \$ _____		

Please make your check payable to and mail to:

LATA
c/o Gail B. Howell
P. O. Box 104
Shreveport, LA 71161

Hotel reservations must be made by May 15, 2015 to assure LATA rates.