

**REGISTRATION FORM**  
**Louisiana Neurosurgical Society Annual Meeting**  
*January 15-16, 2010      L'Auberge du Lac Casino Resort*

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Name \_\_\_\_\_  
(As you would like it to appear on your badge)

Hospital/Medical Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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Dinner (Friday)    Yes     No

Luncheon (Saturday)    Yes     No

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Registration Fee        \$100

Guest Fee        \$100

Late Fee (after 1/2/10)     \$50

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**Payment Information:**

**Please make check payable to LANS Annual Meeting or charge to:**

We are unable to accept American Express

**VISA**

**Circle one  
Master Card**

**Discover**

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

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A block of rooms has been reserved at L'Auberge Du Lac Casino Resort for participants. Inform them that you are with the "2010 LANS Conference" to ensure you receive the discounted room rate. Call 866-580-7444 to book now.

Registration should be received by January 8, 2010. After January 8, 2010 there will be a \$50.00 late fee.

**Please return this form along with the registration fee to:**

**PO Box 1786, Lake Charles, Louisiana 70602, ATTN: Sandra Jones**

Any questions, please call 337-478-9653 or email to [sjones@spine-brain.com](mailto:sjones@spine-brain.com)



