



LOUISIANA FORESTRY ASSOCIATION

74th ANNUAL MEETING

AUGUST 24 – AUGUST 26, 2021 – *Lake Charles, LA*

P. O. Box 5067, Alexandria, Louisiana 71307

Phone: 318-443-2558 Fax: 318-443-1713 Email: lfa@lforestry.com

(PLEASE TYPE OR PRINT)

Name _____ Guest ☐ _____ Spouse ☐ _____ (if attending)

Company _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Meeting Registration: Please indicate below the events you and/or your spouse or guest plan to attend:

(NOTE: Cancellations received after August 20th ARE NOT REFUNDABLE)

Early Bird Registration prices

(on or before August 9)

Complete Individual \$270.00 _____
Add Spouse/Guest w Ind. Pkg. \$230.00 _____

Individual (Wed/Thurs) \$245.00 _____
Add Spouse/Guest w Ind. Pkg. (Wed/Thurs) \$205.00 _____

Late Registration Prices

(on August 10 to August 20)

Complete Individual \$320.00 _____
Add Spouse \$280.00 _____

Individual (Wed/Thurs) \$295.00 _____
Add Spouse/Guest w/ Ind. Pkg. (Wed/Thurs) \$255.00 _____

(All packages include registration, socials, and all meal events included for the particular days checked)

Wednesday Continental breakfast included in packet, but please note how many will attend # _____

**Packets must be picked up at the registration desk by the person who purchased the packet
and all LFA attendees MUST wear their name badges to participate.**

Subtotal from packages above _____

___ I would like to be a sponsor of the President's Reception, Tuesday night @ \$100.00 _____

___ I would like to be a sponsor of Friends of Forestry, Wednesday night @ \$100.00 _____

*Payment for the 4 tickets to win a trip voucher worth \$2,000 (tickets will be filled out for you) \$20.00 _____

Golf Registration @ \$120.00 YOUR GOLF HANDICAP IS _____ \$120.00 _____

Clay Shoot Registration @ \$95.00 \$ 95.00 _____

Get official T-Shirt @ \$15.00 (LFA Straight Outta Quarantine) S___ M___ L___ XL___ XXL___ XXXL___ _____

Paying with a credit card? Processing fee \$5 \$5.00 _____

Method of Payment: Credit Card___ Check made payable to LFA___ **TOTAL** _____

Please charge to my: American Express___ Visa___ MasterCard___ Discover___

Cardholder's name (Print) _____ **Card #** _____

EXP DATE _____ **CVV#** _____ **Signature** _____

Receipts will be included in your packet.

___ Check here for CLE credit – 6 hours **ML/COFC #** _____