



Women's Commission of Southwest Louisiana, Inc.
34th Annual Fall Conference
Keynote Speaker: Judge Lynn Toler
Thursday, October 17, 2024 Lake Charles Event Center

CONFERENCE REGISTRATION FORM

ONLINE: Register at www.womenscommissionswla.com. Registration cost \$45.00
Deadline is Friday, October 11, 2024 at 11:59 p.m.
MAIL-IN: Complete this form, and mail with check/money order for \$45.00 (made payable to Women's Commission of SWLA, Inc.) to the address listed at the bottom of this form. Must be postmarked on or before Friday, October 11, 2024. Mailing address provided below.
ON-SITE: Available at the Lake Charles Civic Center Ticketmaster Box Office from Monday, October 14, 2024 until Thursday, October 17, 2024 (day of Conference). The cost of Ticketmaster registration is \$55.00 plus service fee per person for the entire day, or any portion of the day. Credit cards will be accepted at Ticketmaster during On-site Registration.

Attendee Information:

Last Name: _____ First Name: _____
Home Address: _____
City, State, Zip: _____
Email Address: _____
Daytime Phone #: _____ Cell / Alt Phone #: _____

How did you hear about the conference?

Please check one box: [] Commissioner [] Billboard [] Social Media [] THRIVE [] TV or [] Other _____

Special Services (if you require special accommodations, please check below):

[] I require handicap access [] I am hearing impaired

[] Mail-in: \$45.00 (Mail-in must be postmarked on/before Friday, 10/11/24) Check/Money Order # _____

Mail completed form, with check or money order to:
Women's Commission of SWLA, Inc. - Registration
P.O. Box 6712
Lake Charles, LA 70606

Group Information:

[] Table of 8 for \$500
Online: Please click on this link to complete list of participants
Mail In: Please include a list of attendees on a separate sheet of paper
[] Group Registration (\$45 each person):
Online: Please click on this link to complete list of participants
Mail In: Please include a list of attendees on a separate sheet of paper

PLEASE USE ONE FORM PER PERSON. This form can be duplicated as needed

Fax Committee Use Only Postmark Date: _____ Check/Money Order #: _____