



Women's Commission of Southwest Louisiana, Inc.
36th Annual Fall Conference
Thursday, October 22, 2026
Lake Charles Event Center

CONFERENCE REGISTRATION FORM

ONLINE: Register at www.womenscommissionswla.com. Registration cost \$50.00
Deadline is Friday, October 9, 2026 at 11:59 p.m.
MAIL-IN: Complete this form, and mail with check/money order for \$50.00 (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 9, 2026. The mailing address is provided below.
ON-SITE: Available at the Lake Charles Civic Center Ticketmaster Box Office from Monday, October 19, 2026 until Thursday, October 22, 2026 (day of Conference). The cost of Ticketmaster registration is \$60.00 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: \$50.00 (Mail-in must be postmarked on/before Friday, 10/9/26) 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 (\$50 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

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