## **WORKERS' COMPENSATION ORDER FORM**

CONTACT INFORMATION	First Name	Last Name		Louisi	ana Association NESS AND INDUSTRY	
	Area Code Phone Number Email  Shipping Street Address*		* UPS will not ship to a P.O. Box			
	City Parish		Zip Code + 4			
	Item	Quantity	Member Price	Nonmember Pric		
PRODUCTS	WC Desk Book	ma viais vuonu laasa aam	\$99.00	\$129.00	\$ 	
				Subtotal	\$	
				State and Parish Taxes*	\$	
				Shipping*	+ \$	
				Grand Total	+ \$	
METHOD OF	Check: USA N	lastercard American Expi	ress	Please	send checks to:	
METHOD OF PAYMENT	Card Number			LABI Service Corporation 500 Main St. Baton Rouge, LA 70801		
	Expiration Date  Billing Street Address (if different)	*Tr bac the			The 3-digit number located on the ack of the card. For American Express, he 4-digit number located on the front f the card	
	City State Zip Code + 4  Signature					
	Notes:			AMM.		