WORKERS' COMPENSATION ORDER FORM

CONTACT INFORMATION	First Name Last Name			Louisia	Louisiana Association OF BUSINESS AND INDUSTRY * UPS will not ship to a P.O. Box	
	Area Code Phone Number Email Shipping Street Address*			* UPS will		
PRODUCTS	Parish Item WC Desk Book	Quantity	Member Price \$99.00	Non-member Pric	e Total Price	
	*For current sales tax rates in Louisia *For shipping, add \$20.00 per item. office.	-	e LABI		\$ \$ \$ + \$	
METHOD OF PAYMENT	Check:	Aastercard American Expre	155	Please s LABI Ser 500 Mai	send checks to: vice Corporation	
	Expiration Date Security Code* Billing Street Address (if different) City State Zip Code + 4 Signature Notes:			* The 3-digit number located on the back of the card. For American Express, the 4-digit number located on the front of the card		

For more information, contact Tabitha Holliday at 225-928-5388 or tabithah@labi.org. Check out our website at www.labi.org.