

**LOUISIANA MANUFACTURED HOUSING COMMISSION
8181 INDEPENDENCE BLVD
BATON ROUGE, LA 70806**

REGISTRATION FORM

COMPANY NAME: _____

INDIVIDUAL'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CERTIFICATION COURSE (circle one)

RETAILER

DEVELOPER

INSTALLER

DATE OF COURSE: _____

COURSE FEE: **\$100.00**

Registrations forms should be mailed in to LMHC at the address above prior to attending the class. A confirmation of your seat will be faxed back. **Class fees must be received prior to attendance of the class. Registration will only be complete when payment is received!!!**

**Class location: S.F.M. District Office
2230 S. MacArthur Suite 6
Alexandria, LA. 71301 @ 9:00 a.m.**

LMHC Office use only

Amount _____

Date _____ Check No. _____