

ARKANSAS PROPANE GAS ASSOCIATION, INC. and ARKANSAS LP GAS BOARD
APRIL and MAY, 2009 GENERAL SAFETY MEETING ENROLLMENT FORM

Dinner Meetings begin at 5:30 to 6:00 pm with the program beginning at approximately 6:30 to 7:00 pm
I will send:

Name <i>(PLEASE PRINT CLEARLY OR TYPE)</i>	State LP Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To the meeting to be held at _____ on _____
(CITY) (DATE)

REGISTRATION FEE: \$20.00 per person for APGA members. \$25.00 per person for non-members.

Enclosed is \$ _____ registration fee. Please bill me \$ _____ registration fee.

AUTHORIZED SIGNATURE

COMPANY NAME AND ADDRESS

RETURN TO: ARKANSAS PROPANE GAS ASSOCIATION, INC.
Post Office Box 10
Lincoln, Arkansas 72744

Tel. 479-824-4299
Fax. 479-824-5251