

SOUTHERN PEDIATRIC NEUROLOGY SOCIETY (SPNS)
Annual Meeting

Registration Form

Name: _____

Credentials: _____

Co-Authors (List all co-authors include credentials and email addresses):

Title: _____

Institution: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Presenting: Yes No

No. Attending: _____

Attending Jean E. Teasley social Hour? Yes No

No. Attending: _____

Consent to share email address with vendors. Yes No

NOTE: FEES WAIVED

Email: southernpedneuro@gmail.com