



**SOUTHERN PEDIATRIC NEUROLOGY SOCIETY (SPNS)
Annual Meeting**

Registration Form

Name: _____

Credentials: _____

Presenting: Yes No

Abstract Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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

Attending Jean E. Teasley social Hour? Yes No

No. Attending: _____

Vendor support is important to our meeting. Email may be provided to vendors unless you opt out by checking here.

NOTE: FEES WAIVED

Email: southernpedneuro@gmail.com