

SOUTHERN PEDIATRIC NEUROLOGY SOCIETY (SPNS)
Annual Meeting

Registration Form

Name _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax _____ Email _____

Presenting: Yes _____ No _____

No. Attending: _____

Attending Jean E. Teasley Social Hour? Yes _____ No _____

No. Attending: _____

NOTE: All attendees should also complete the **Membership Form and include a check for the annual dues of \$150.00 (excluding speakers) to help cover the costs of the annual meeting.**

Mail, email, or fax this form to:

Southern Pediatric Neurology Society
c/o Tonya Balmakund MD
519 Latham Drive
Lowell, AR 72745

Email: southernpedneuro@hotmail.com

Phone: (479) 750-0125

Fax: (479) 750-0323