

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: FEES WAIVED FOR 2022

Email: southernpedneuro@gmail.com

Fax: (682) 885-7855