

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

Registration Form

**Name:** \_\_\_\_\_

**Co- Authors:** \_\_\_\_\_

**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**

Email: [southernpedneuro@gmail.com](mailto:southernpedneuro@gmail.com)

Fax: (682) 885-7855