

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

**NOTE: FEES WAIVED**

Email: southernpedneuro@gmail.com