

Speech Pathologists and Audiologists in Louisiana Schools, Inc.

PO Box 12177 Lake Charles, LA 70612

Conference Registration

Name: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Region: _____

-For Early Registration rates, forms must be postmarked by **September 19th** ~
Be sure to include Membership dues to qualify for special membership rates.

	<u>Early</u>	<u>Regular</u>
*Member: 1 Day	\$115	\$135
*Member: 2 Days	\$135	\$160
Non-Member: 1 Day	\$175	\$195
Non-Member: 2 Days	\$210	\$235
*SPALS Membership	\$40	\$45
Total Amount Enclosed:	\$	_____

Lunch is provided as part of Registration. If special dietary needs (food allergies) need consideration, describe:

____ My registration fee will be paid by my employer- **School districts must adhere to all registration deadlines.** Applicable forms are available at www.spals.org **NO** payments will be accepted after the conference.

- ◆ SPALS Accepts cash, check, credit card, money order, or school vouchers, only.
- ◆ Please make checks payable to **SPALS, Inc.**
- ◆ A \$50 processing fee will be charged on all NSF checks.
- ◆ A credit toward next year's conference will serve as a refund for all requests submitted before **October 1, 2016.**

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