

Speech Pathologists and Audiologists in Louisiana Schools, Inc.

PO Box 12177 Lake Charles, LA 70612

Name: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Region: _____

NOTE: Registrations received after Oct 1st will be processed as an on-site registration. Lunch is included in the pre-conference registration fee.

	<u>Early</u> (by 9/1)	<u>Regular</u> (after 9/1-10/1)	<u>ON-SITE</u> (10/2-)
SPALS	\$40	\$45	\$45
Membership			
Member:	\$155*	\$175*	\$235*
Non-Member:	\$235	\$260	\$295

“Future Speechies” (Student with proof of full time current enrollment) **\$100.00**

***To be eligible for special membership conference pricing, membership dues *must be* included.**

Total Amount Enclosed: \$ _____

____ My registration fee will be paid by my employer by October 1st, 2024. School districts must adhere to all registration deadlines.

Applicable forms available at www.spals.org

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.

NO payments will be accepted after the conference. **No monetary refunds will be issued for cancellations. A credit toward next year’s conference will be considered on a case by case basis on written requests submitted prior to conference dates.**

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