

SPALS 2010 REGISTRATION

**SPEECH PATHOLOGISTS AND AUDIOLOGISTS IN
LOUISIANA SCHOOLS, INC.**
SPALS, Inc. * P. O. Box 12177 * Lake Charles, LA 70612

MEMBERSHIP/CONFERENCE

Please Print

Name _____

Home Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone _____ Work Phone _____

Employer _____

Region _____ Parish _____

MEMBERSHIP (Postmarked by 9/1/10): **\$25** _____ (Postmarked after 9/1/10): **\$30** _____

REGISTRATION FEES:

	Early Bird Registration		Regular Registration	
	Postmarked by 9/1/10		Postmarked after 9/1/10	
	2 days	1 day	2 days	1 day
SPALS Member	\$95.00	\$80.00	\$115.00	\$100.00
Non Member	\$160.00	\$140.00	\$180.00	\$160.00

_____ My registration fee will be paid by my employer at the time of registration.

Employee verification form is required (available on SPALS website). *School districts must adhere to all registration deadlines. No payments will be accepted after the conference.*

No purchase orders will be accepted.

Amount Enclosed: \$ _____ Membership \$ _____ Conference

Total _____

(Separate checks are Not required)

Please make check payable to **SPALS, Inc.** A \$25 processing fee will be charged on all NSF checks.

Registration Secretary: Gretta Preston (nannygretta@yahoo.com)

Written requests for refunds submitted by September 22, 2010 will be honored minus a \$25 processing fee. Payments will be made after the conference.

No Certified Mail will be received.