SPALS Conference
Employer Payment Verification Form

Please complete this form and send to SPALS, P.O. Box 12177, Lake Charles, LA, 70612

School System: _____

Address: _____

Phone Number: _____

Email: _____

I, as a designated representative of _____ School System, do hereby verify that our district will pay SPALS Conference registration costs for the individuals listed below. *Individual therapists MUST also send in SPALS Registration Form to be registered for the conference.*

☐ Payment enclosed **Amount: _____**

_____ _____

Print Name and Title Signature

Names of SLPS and audiologists who will be attending the SPALS Conference and whose registration fee* will be paid directly by our school system:

Check if SPALS Member	NAME (please print or type)	Amount Paid per Therapist

***Early Bird Registration**
Postmarked before Sept. 1, 2010
Member: $95 Non-Member: $160

Regular Registration
Postmarked after Sept. 1, 2010
Member: $115 Non-Member: $180

7/8/2010