

Speech Pathologists and Audiologists in Louisiana Schools, Inc.
PO Box 12177 Lake Charles, LA 70612

Name: _____
Home Address: _____
City/State/Zip: _____
Email Address: _____
Phone: _____ Work Phone: _____
Employer: _____ Region: _____

Conference Registration (Please Circle Selections)

NOTE: Registrations received late (after September 16th) may be processed as on-site registrations. Lunch included in registration.

	<u>Early</u> (by 9/2)	<u>Regular</u>
SPALS Membership	\$40	\$45
Member: 1 Day *	\$115*	\$135*
Member: 2 Days *	\$135*	\$160*
Non-Member: 1 Day	\$185	\$205
Non-Member: 2 Days	\$220	\$245

***To be eligible for special membership conference pricing, membership dues must be paid. Please include.**

Total Amount Enclosed: \$ _____*

___ My registration fee will be paid by my employer by September 16th, 2022.
School districts must adhere to all registration deadlines.
(Applicable forms available at www.spals.org)

Checks written, should be made payable to **SPALS, Inc.**
All NSF checks will be assessed a \$50 processing fee.

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.

I will be eating Lunch on; ___ Thursday ___ Friday

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