

16th Annual Mississippi Addiction Conference  
February 21-23, 2024  
Sheraton- The Refuge and Conference Center  
Flowood MS

REGISTRATION FORM

Register prior to December 31, 2023 and receive 10% discount.

- \$475.00 Physicians, Pharmacists, Dentists, Psychologists  
Nurses/Nurse Practitioners\*\*\* 325.00---contact MS Nursing Association  
\*\* Will register through MS Nursing Association—link will be available soon.  
(call Donna at 601-261-9899 for any questions)
- \$325.00 Social Workers, LPC's, Counselors, MAAP credentials, DMH, Chiropractors &  
other Allied Health Professionals
- \$200.00 Clergy, Veterinarians, Law Enforcement (certificate of attendance available for these disciplines)
- \$200.00 Residents/students---must provide documentation
- \$ 25.00 BBQ event -- add amount to registration fee for number of tickets needed \$25.00 x \_\_\_ = \_\_\_\_

\*\* CME/CE credits will be available.

Conference Registration fee includes breakfasts, breaks, and lunches. A separate fee is required for the BBQ event.

I will attend the Lunch on Wednesday, February 21, 2024 Yes No  
I will attend the Lunch on Thursday, February 22, 2024 Yes No  
I will attend the BBQ event on Thursday evening, February 22, 2024 Yes No

(If yes, please add \$25.00 for each ticket you wish to purchase and add to registration fee)

\*\*If you require any auxiliary aids, services or special meals, please call Donna Young at 601-261-9899 or email dcyoung2128@gmail.com.

\*\*\* Pre-registrations (paper) are accepted until February 15, 2024. To register after this date, you may do so online at [www.professionalshealthnetwork.com](http://www.professionalshealthnetwork.com) or onsite. Online registration is highly recommended. In case of cancellation, a full refund will be made if cancelled by January 15, 2024. No refunds after this date. Written notification of your cancellation is required in order to process your refund.

Credit Card: Visa MC American Express Discover Security Code \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature (not valid without signature) \_\_\_\_\_

Please print  
Name \_\_\_\_\_

Degree \_\_\_\_\_ Specialty \_\_\_\_\_

\*\*Pharmacy/Pharmacy Technicians only NABP ID# \_\_\_\_\_ Month/Day of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Number to contact you \_\_\_\_\_ \*\*\*Email \_\_\_\_\_

You must provide email address for certificate  
Registration Fee \$ \_\_\_\_\_ # of BBQ tickets \$25.00 x \_\_\_ = \_\_\_\_\_ Total \_\_\_\_\_  
If using Sponsor/Exhibitor Registration, please specify facility/organization

\*\*Registrations paid by credit card can be faxed to (601)268-0376 (secure fax) or email to dcyoung2128@gmail.com.

\*\*Register by Mail: Mail registration with payment to Professionals Health Network, Inc 5215 Old Highway 11 Suite 80, Hattiesburg MS 39402---make checks payable to PHN.

Please visit our website at [www.professionalshealthnetwork.com](http://www.professionalshealthnetwork.com) for online registration. If you have any questions, please contact Donna Young via email dcyoung2128@gmail.com or at (601)261-9899 or cell (601)516-0382.

