**Safe Practices and Wellness Conference for Dental Professionals**
**Friday, October 9, 2026**
**Table 100**
**100 Ridge Way**
**Flowood MS**

**REGISTRATION FORM**

**Registration Fee: $300.00 Dentists**
**$175.00 Dental Hygienists/Dental Staff, etc.**

**Conference Registration fee includes breakfast, breaks, and lunch.**

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

*In case of cancellation, a refund minus $50.00 processing fee will be made if cancelled by September 10, 2026. No refunds will be given after this date. Written notification of your cancellation is required in order to process your refund.*

Credit Card: Visa MC American Express Discover

Card Number _____Exp Date _____

Signature (*not valid without signature*) _____Security Code_____

Please print
Name _____

Degree _____ Specialty _____

Address _____City_____State _____ Zip _____

Best Number to contact you _____***Email _____
**You must provide email address for certificate**

Total amount enclosed or to be charge $ _____ or

****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 60, Hattiesburg MS 39402---make checks payable to PHN.
**If you have any questions, please contact Donna Young via email dcyoung2128@gmail.com or at (601)261-9899 or cell (601)516-0382**

PHN PROFESSIONALS HEALTH NETWORK INC.