

17th Annual Mississippi Addiction Conference
February 19-21, 2025
Sheraton- The Refuge and Conference Center
Flowood MS

REGISTRATION FORM

- \$495.00** Physicians, Pharmacists, Dentists, Psychologists
Nurses/Nurse Practitioners*** 350.00---contact MS Nursing Association
**** Will register through MS Nursing Association—link will be available soon.
(call Donna at 601-261-9899 for any questions)**
- \$350.00** Social Workers, LPC's, Counselors, MAAP credentials, DMH, LMFTS, Chiropractors &
other Allied Health Professionals
- \$250.00** Clergy, Veterinarians, Law Enforcement (*certificate of attendance available for these disciplines*)
\$250.00 Residents/students---must provide documentation

** CME/CE credits will be available.

Conference Registration fee includes breakfasts, breaks, and lunches.

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|--|-----|----|
| I will attend Lunch on Wednesday, February 19, 2025 | Yes | No |
| I will attend Lunch on Thursday, February 20 2025 | Yes | No |
| I will attend the BBQ event on Wednesday, Feb 19, 2025 | Yes | No |

**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 3, 2025. To register after this date, you may do so online at www.professionalshealthnetwork.com or onsite. Online registration is highly recommended. In case of cancellation, a full refund will be made if cancelled by January 10, 2025. 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 \$ _____ 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 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.

