

15th Annual Mississippi Addiction Conference  
February 22-24, 2023  
Sheraton- The Refuge and Conference Center  
Flowood MS

REGISTRATION FORM

- \$400.00** Physicians, Pharmacists, Dentists, Psychologists  
Nurses/Nurse Practitioners\*\*\* 275.00  
**\*\* Will register through MS Nursing Association—link will be available soon.  
(call Donna at 601-261-9899 for any questions)**
- \$250.00** Social Workers, LPC's, Counselors, MAAP credentials, DMH, Chiropractors &  
other Allied Health Professionals
- \$175.00** Clergy, Veterinarians, Law Enforcement
- \$175.00** Residents/students---must provide documentation

\*\* Applications being submitted for up to 17.5 hours.

Conference Registration fee includes breakfasts, breaks, and lunches.

I will attend the Lunch on Wednesday, February 22, 2023	Yes	No
I will attend the BBQ Event on Thurs, February 23, 2023 (offsite)	Yes	No
I will attend the Lunch on Thursday, February 23, 2023	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 15, 2023. 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 10, 2023.. 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) \_\_\_\_\_

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**

Total amount enclosed or to be charge \$ \_\_\_\_\_ or

CME Registration with \_\_\_\_\_

Exhibitor/Host Name

**\*\*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.

