

2024 MIPA Regional Meeting Registration Form

Name: _____

Pharmacy: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____

Executive Member Registration Fees:

_____ \$85 member- Hattiesburg _____ \$140 non- member Hattiesburg

_____ \$85 member- Ridgeland _____ \$140 non-member Ridgeland

_____ \$85 member- Cleveland _____ \$140 non-member Cleveland

_____ \$85 member- Oxford _____ \$140 non-member Oxford

Additional Staff/ Guest

Name _____ Email: _____

Name _____ Email: _____

Name _____ Email: _____

_____ TOTAL DUE

Mail checks to 4209 Lakeland Drive, Suite 399, Flowood, MS 39232 or pay with a credit card at

www.mipa.ms

Contact Amy Wilson with any issues or questions: 601-707-7882 or awilson@mipa.ms