



Attendee Registration Form
Mississippi Independent Pharmacies Association
Annual Convention
Friday, April 10 – Sunday, April 12, 2026
The Grand Hotel Resort Golf & Spa- Point Clear, AL

Pharmacy Name: _____

Name of Pharmacist Attending: _____

Spouse Name, if Attending: _____

Is your spouse a pharmacist: _____

Address: _____ City, State, Zip: _____

Attendee Email: _____

Phone: _____ Fax: _____

_____ \$375 MIPA Member (includes spouse) _____ \$40 / child/children 21

_____ \$500 Non-member (includes spouse) ***List names of children page 2***

_____ \$250 Additional Adult Guest ***List names of additional adult guest on page 2***

_____ TOTAL AMOUNT DUE

Make checks payable to Mississippi Independent Pharmacies Association

Mail: P. O. Box 794 Madison, MS 39130 (NEW Address)

or register and pay online www.mipa.ms rh

If you have any questions, please contact Amy Wilson

Email address: awilson@mipa.ms; Phone: 601-957-0007; 601-707-7882

Hotel and guest/children registration list available on page two.

HOTEL INFORMATION

The Grand Hotel Resort Golf & Spa, Point Clear, AL

Group rate \$340/ - \$410 / night, depending upon the view and building requested

Room Block expires on March 12, 2026, at 5:00 PM CST

Book your room clicking: <https://book.passkey.com/e/51159139>

or by calling 1-855-999-0490

Guest Registration listing:

Adults: Total # attending_____ at \$250/person

1. _____
2. _____

Children: Total # attending_____ at \$40/person

1. _____
2. _____
3. _____
4. _____