

2026 MIPA Regional Meeting Registration Form

Name: _____

Pharmacy: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____

Pharmacy Member Registration Fees:

_____ \$120 member- Hattiesburg Sunday, August 30th 2:00-4:00pm

_____ \$120 member- Oxford Sunday, September 27th 2:00 – 4:00 pm

_____ \$120 member- Cleveland Sunday, October 11th 2:00-4:00 pm

_____ \$120 member- Ridgeland, Sunday, November 8th 2:00-4:00 pm

Non-Member Registration

_____ \$165 Non-member- Hattiesburg Sunday, August 30th 2:00-4:00pm

_____ \$165 Non-member- Oxford Sunday, September 27th 2:00 – 4:00 pm

_____ \$165 Non-member- Cleveland Sunday, October 11th 2:00-4:00 pm

_____ \$165 Non-member- Ridgeland, Sunday, November 8th 2:00-4:00 pm

Additional Staff/Guest:

Name _____ Email _____

Name _____ Email: _____

Name _____ Email: _____

_____ TOTAL DUE

Email (awilson@mipa.ms) , fax (601-977-0043) or mail this form and checks to:

P. O. Box 794 Madison, MS 39130

Contact Amy Wilson with any issues or questions: 601-957-0007 or awilson@mipa.ms