



Pharmacology of Chronic Diseases in MS Registration Form

Thursday-Friday, September 14-15, 2017

8:00 am - 5:00 pm

Location: North MS Medical Center • 830 South Gloster St. • Tupelo, MS



First Name middle name last name Credentials Name on Badge

Employer Name

Street address City State Zip Code

Telephone number Email address

Check one: ☐ Yes! I am a member of MNA ☐ Please send me information on MNA membership.
☐ No, I am not a member

Registration Fee:

MNA Members: \$285.00

Non-Members: \$385.00

Payment: ☐ Check enclosed (please make payable to MNA)

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number: _____ Exp. Date: _____ Zip Code: _____

CVV Code _____

Card Holder Name (Print) _____

Card Holder Signature: _____

Mail, fax or email to: Mississippi Nurses' Association, 31 Woodgreen Place, Madison MS 39110

Fax 601-898-0190 • dwalker@msnurses.org

MNA reserves the right to cancel or modify all courses and to substitute instructors at any time.
Refunds shall be granted accordingly as follows: (a) requests must be in writing; (b) no refunds will be granted after Sept. 12.

*"Mississippi Nurses Association is accredited as a provider of continuing nursing education by the
American Nurses Credentialing Center's Commission on Accreditation."*