



# 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](mailto: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."*