MPHA
Mississippi Public Health Association
Leadership • Education • Advocacy

2010 MPHA Annual Conference Registration

Harrah's Tunica, Robinsonville, Mississippi
September 22 – 24, 2010

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(MSDH employees, please use complete courier mailing address)

Email address: _____ **Office Phone:** _____
(Prefer home e-mail if available)

Mississippi State Department of Health employee:_____ Yes _____ No APHA Member _____ Yes _____ No

□ **Yes. I have received a 2010 MPHA membership card showing I am a current paid ($18.00-regular) member. Please complete only conference registration section. Note: MSDH Employees are required to be current MPHA member for Conference attendance/ reimbursement and some sections require separate dues ($8.00-$10.00) which are collected separately. Membership card number _____.**

□ **No. I have not paid MPHA membership dues for 2010. Complete both membership and conference registration sections below.**

Section: (Choose one)

□ Environmental Health □ Epidemiology □ Health Administration □ Nursing □ None
□ Office Professionals □ Social Worker □ Physician/Nurse Practitioner □ Nutrition

MEMBERSHIP FEES

√	Select One			$	Circle One
	Regular			18.00	New/Renewal
	Retirees			9.00	New/Renewal
	Students			7.00	New/Renewal
	Sustaining Organization (includes 4 members)			150.00	New/Renewal
	TOTAL MEMBERSHIP FEES				

CONFERENCE REGISTRATION FEES

√	MSDH Employees	$	√	Non-MSDH Employees	$
	MSDH Employee REGISTRATION Fee - $ 20 (balance covered by MSDH)			Non-MSDH Employees REGISTRATION Fee - $95	
	Late Fee - $20 – REQUIRED AFTER 9/8/10			Late Fee - $20 – REQUIRED AFTER 9/8/10	
	Single Day Registration - $35			Single Day Registration - $35	
	Single Day Late Fee - $5 – REQUIRED AFTER 9/8/10			Single Day Late Fee - $5 – REQUIRED AFTER 9/8/10	
	TOTAL CONFERENCE REGISTRATION FEES			TOTAL CONFERENCE REGISTRATION FEES	

Membership Fees (from above) _____
Conference Registration Fees (from above) _____
Tax Deductible Donation _____
TOTAL MEMBERSHIP FEES, REGISTRATION, AND DONATIONS ATTACHED: $ _____

Membership dues are non-refundable. Please make check or money order payable to **MPHA** and return with this completed application to: **MPHA Registration, Post Office Box 4834, Jackson, MS 39296.**