



2011 MPHA Annual Conference Registration

Harrah's Tunica, Robinsonville, Mississippi

September 28 – 30, 2011

PLEASE PRINT LEGIBLY

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

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

City State Zip

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

If MSDH employee: District # _____ Central Office: _____ APHA Member ___ Yes ___ No

Yes. I have received a 2011 MPHA membership card showing I am a current paid (\$23-regular) member. **2011 Membership card number** _____. Please complete only Sections "A" and "C" on the reverse side of this form.

Note: MSDH Employees are required to be current MPHA member for Conference attendance/reimbursement.

No. I have not paid MPHA membership dues for 2011. Complete Sections "A", "B" and "C" on the reverse side of this form.

INSTRUCTION NOTES

1. If you are not registering to attend the 2011 Annual Conference and are ONLY desiring 2011 membership, **DO NOT COMPLETE THIS FORM**. Membership only form located at www.mspha.org.
2. If you have completed a separate 2011 Membership Application, you **MUST** still complete this Conference Registration Form to be properly registered to attend the 2011 Annual Conference. (Complete Sections "A" and "C")
3. Conference registration will only be accepted through the mail if received by September 20, 2011. After September 20, 2011, ONLY on-site registration will be accepted. Please note all fees and cut-off dates in Section "A" of this form.
4. Membership dues are non-refundable. Registration fees may be refunded at 75 percent (75%) if received in writing prior to September 20, 2011 or only extreme emergency after.

(COMPLETE APPROPRIATE SECTIONS ON REVERSE SIDE)

SECTION "A"

CONFERENCE REGISTRATION FEES

| <u>MSDH Employees/Retirees</u> | \$ | <u>Non-MSDH Employees</u> | \$ |
|--|----|---|----|
| MSDH Employee Registration Fee RECEIVED BY 9/9/11 \$ 17 | | Non-MSDH Employees Registration Fee RECEIVED BY 9/9/11 \$90 | |
| MSDH Employee Registration Fee from 9/10/11 to 9/20/11 \$ 40 | | Non-MSDH Employees Registration Fee from 9/10/11 to 9/20/11 \$125 | |
| MSDH Retirees RECEIVED BY 9/9/11 \$ 70 | | Single Day Registration Fee RECEIVED BY 9/9/11 \$ 45 | |
| MSDH Retirees from 9/10/11 to 9/20/11 \$90 | | Single Day Registration Fee from 9/10/11 to 9/20/11 \$ 60 | |
| On-site registration (after 9/20/11) \$ 65 MSDH Retirees \$115 | | All On-site registration (after 9/20/11) \$150 | |
| TOTAL CONFERENCE REGISTRATION FEES MSDH EMPLOYEES AND RETIREES | | TOTAL CONFERENCE REGISTRATION FEES NON-MSDH EMPLOYEES | |

SECTION "B"

MEMBERSHIP INFORMATION

Section Dues: (Check all that apply)

Joining a section is an optional component of MPHA membership. You must be a member of MPHA to join a section. Please check which section(s) you would like to join and include these dues with your MPHA annual dues (see below). **All Section dues collected are returned to the section for its use.**

- | | |
|---|---|
| <input type="checkbox"/> <i>Environmental Health: \$10</i> <input type="checkbox"/> <i>Health Administration: \$10</i> <input type="checkbox"/> <i>Nursing: \$10/nurses, \$5/ aides/student nurses/retirees</i> <input type="checkbox"/> <i>Office Professionals: \$6</i> <input type="checkbox"/> <i>Medical Care – None</i> | <input type="checkbox"/> <i>Epidemiology: \$10</i> <input type="checkbox"/> <i>Information Technology: None</i> <input type="checkbox"/> <i>Nutrition: \$10</i> <input type="checkbox"/> <i>Social Work: \$8</i> <input type="checkbox"/> <i>No Section</i> |
|---|---|

Membership Dues: (Check all that apply)

Type: (Check one)

- | | | | | | |
|--|----------|--|-------------------------------------|--|---|
| <input type="checkbox"/> <i>Regular</i> | \$ 23.00 | | <input type="checkbox"/> <i>New</i> | | <input type="checkbox"/> <i>Renewal</i> |
| <input type="checkbox"/> <i>Retirees</i> | \$ 13.00 | | | | |
| <input type="checkbox"/> <i>Students</i> | \$ 8.00 | | | | |
| <input type="checkbox"/> <i>Sustaining Organization (includes 4 members)</i> | \$150.00 | | | | |

Section Dues total \$ _____

Total (Membership Dues + Section Dues) \$ _____

SECTION "C"

PAYMENT

| | |
|---|----------|
| Conference Registration Fees (total from Section "A") | \$ _____ |
| Membership Dues (total from Section "B") | \$ _____ |
| Tax Deductible Donation | \$ _____ |

TOTAL REGISTRATION FEES, MEMBERSHIP DUES, AND DONATIONS \$ _____

Please make check or money order payable to **MPHA** attach to this completed registration form and mail to:
MPHA Registration, Post Office Box 4834, Jackson, MS 39296.