



VIRTUAL Annual Meeting Registration Form
July 23rd-24th, 2020

Name _____ Title _____
Health-System/Affiliation _____
Address _____
City/State/Zip _____ Telephone _____
Email _____

Registration includes both days of the meeting, up to 10 hours of CE

Virtual Meeting Registration Fees	
<input type="checkbox"/> Pharmacist Member	\$75
<input type="checkbox"/> Pharmacist Non-Member (Includes membership through end of calendar year)	\$165
<input type="checkbox"/> Resident Member	\$50
<input type="checkbox"/> Resident Non-Member (Includes membership through end of calendar year)	\$60
<input type="checkbox"/> Student Pharmacist	No Charge
Total: (Place total in this box)	<input type="text"/>

Payment

1. Pay through our convenient, secure website with a credit card: <http://msshpc.org/meetinginfo.php>
OR
2. Mail this completed form and a check for all registration fees made payable to "MSHP" to our office address:
PO Box 4826, Jackson, MS 39296-4826

*For additional information, email msshpc.org@gmail.com or call 601-291-4854.
MSHP's Refund Policy can be found at www.msshpc.org in the Policy and Procedure Manual.*