

18th Annual Mississippi Addiction Conference  
February 18-20, 2026  
Sheraton- The Refuge and Conference Center  
Flowood MS

REGISTRATION FORM

- \$545.00** Physicians, Pharmacists, Dentists, Psychologists  
Nurses/Nurse Practitioners\*\*\* 385.00---contact MS Nursing Association  
**\*\* Will register through MS Nursing Association—link will be available soon.  
(call Donna at 601-261-9899 for any questions)**
- \$385.00** Social Workers, LPC's, Counselors, MAAP credentials, DMH, LMFTS, Chiropractors &  
other Allied Health Professionals
- \$300.00** Clergy, Veterinarians, Law Enforcement (*certificate of attendance available for these disciplines*)
- \$300.00** Residents/students---must provide documentation

\*\* CME/CE credits will be available.

Conference Registration fee includes breakfasts, breaks, and lunches.

I will attend Lunch on Wednesday, February 18, 2026 Yes No  
I will attend Lunch on Thursday, February 19, 2026 Yes No  
I will attend the BBQ event on Wednesday, Feb 18, 2026 Yes No

Tickets for BBQ required: \$25.00 per person: #of tickets: \_\_\_\_\_ x \$25.00 = \_\_\_\_\_ (Add this amount to registration fee)

\*\*If you require any auxiliary aids, services or special meals, please call Donna Young at 601-261-9899 or email [dcyoung2128@gmail.com](mailto:dcyoung2128@gmail.com).

\*\*\* Pre-registrations (paper) are accepted until February 3, 2026. To register after this date, you may do so online at [www.professionalshealthnetwork.com](http://www.professionalshealthnetwork.com) or onsite. Online registration is highly recommended. In case of cancellation, a full refund will be made if cancelled by January 10, 2026.. No refunds after this date. Written notification of your cancellation is required in order to process your refund.

Credit Card: Visa MC American Express Discover Security Code \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature (*not valid without signature*) \_\_\_\_\_

Please print  
Name \_\_\_\_\_

Degree \_\_\_\_\_ Specialty \_\_\_\_\_

\*\*Pharmacy/Pharmacy Technicians only NABP ID# \_\_\_\_\_ Month/Day of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Number to contact you \_\_\_\_\_ \*\*\*Email \_\_\_\_\_

**You must provide email address for certificate**

Registration Fee \$ \_\_\_\_\_ BBQ Tickets: \$ \_\_\_\_\_ Total \_\_\_\_\_

If using Sponsor/Exhibitor Registration, please specify facility/organization

\*\*Registrations paid by credit card can be faxed to (601)268-0376 (secure fax) or email to [dcyoung2128@gmail.com](mailto:dcyoung2128@gmail.com).

\*\*Register by Mail: Mail registration with payment to Professionals Health Network, Inc 5215 Old Highway 11 Suite 80, Hattiesburg MS 39402---make checks payable to PHN.

Please visit our website at [www.professionalshealthnetwork.com](http://www.professionalshealthnetwork.com) for online registration. If you have any questions, please contact Donna Young via email [dcyoung2128@gmail.com](mailto:dcyoung2128@gmail.com) or at (601)261-9899 or cell (601)516-0382.

