Family Voices of Mississippi's
Partners in Health Care Advocacy & Leadership Summit
Registration Form

I am registering for (choose date): ☐ **March 21, 2018** Tupelo, Mississippi ☐ **March 27, 2018** Pearl, Mississippi

Name: _____

Company/School/Agency Name (if applicable): _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone #: _____ **Fax #:** _____

Email Address: _____

Website Address (if applicable): _____

Do you have any dietary restrictions/allergies: ☐ Yes (please specify) ☐ No

If yes, specify: _____

_____

Registration Types (fees per location):

Youth/Student/Self-Advocate….$15 x _____ (# of people) = $_____

Parent/Sibling/Guardian……..$20 x _____ (# of people) = $_____

Professional……..$60 x _____ (# of people) = $_____

NOTE: If you need to register more than one individual with different registration types, please include the name, registration type, and email address of each individual on a separate sheet of paper and submit it with this form. Or you can simply register **online**.

Total Amount Due: $_____

Please make checks or money orders payable to: **Family Voices of Mississippi**

Mail payment to: **Family Voices of Mississippi**
3825 Ridgewood Road #729
Jackson, Mississippi 39211

If you have questions, please contact Keishawna Smith at (601) 432-6929
or send an email to ksmith@ihl.state.ms.us