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

I am registering for (choose date): Li Ji	earl, Mississippi	Tupelo, Mississippi	
Name:				
Company/School/Ag	ency Name (if applica	able):		
Address:			·	
City:		State:	ZIP:	
Telephone #:		Fax #:		
Email Address:				
Website Address (if	applicable):			
	•	gies: □ Yes (please speci		
Registration Types (f	ees per location):			
Youth/Student/Self-A	\dvocate\$15 x	(# of people) = \$		
Parent/Sibling/Guard	lian\$20 x	(# of people) = \$		
Professional	\$60 x	(# of people) = \$		
name, registration ty	•	of each individual on a se	et registration types, please eparate sheet of paper and s	
Total Amount Due: \$				
Please make checks	or money orders paya	able to: Family Voices of I	Vlississippi	
Mail payment to:	Family Voices of Mis 3825 Ridgewood Ros Jackson, Mississippi	ad #729	REMEMB Early Bird Discount or register before Mar	of \$5, if you

If you have questions, please contact Keishawna Smith at (601) 432-6929 or send an email to info@familyvoicesofms.org