

**2026 Prescriber Summit**  
**5 Hours Controlled Substance Prescribing**  
**Friday, April 10, 2026**  
**Table 100 – Flowood, MS**

**ATTENDEE REGISTRATION:** (Please PRINT Clearly)

Name: \_\_\_\_\_

Practice/Clinic Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Specialty: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Opt-In: Please share my contact information (name & office address only) with exhibitors upon request.     Yes     No

**Registration Fee: \$300.00**

Payment can be made by check, credit card.

Payment:     Check Enclosed (Make check payable to MSMA)     Credit Card (3.5% credit card fee added)

Credit Card Number: \_\_\_\_\_

Visa     MasterCard     Discover     American Express

CVV: \_\_\_\_\_ Exp: \_\_\_\_\_

Name Printed on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send the completed registration form with payment to:**

Mississippi State Medical Association  
Attn: Sheryl Ashley, PO Box 2548  
Ridgeland, MS 39158