



MISSISSIPPI SCHOOL NURSE ASSOCIATION

30TH ANNUAL CONFERENCE - June 9th-11th, 2026

Honoring our Past, Advancing our Future- Working Together

<p>Natchez Convention Center</p> <p>211 Main Street Natchez, MS 39120</p> <p>(601)-442-5880</p> <p>https://www.natchezconventioncenter.org</p>	<p><u>Lodging/Reservation Information:</u></p> <p><i>*Please scan the QR code below for hotel options. Payment must come from the school district by check or credit card to receive tax exemption. Tax exempt letter must be provided to the hotel at check-in</i></p> 	<p><u>Registration Gift Information:</u></p> <p><i>*1/4 zip Ash Gray Pullover with MSNA logo(Please scan QR code for sizing guide)</i></p> <p>Sizes: ___ Small ___ Medium ___ Large ___ XLarge ___ 2XL ___ 3XL</p> 
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<p>Name</p>	<p>Email</p>	<p>Day Phone</p>
<p>Mailing Address Street _____ Apt. _____ City _____ State _____ Zip _____ School District _____</p>	<p><input type="checkbox"/> DO NOT share my contact information with exhibitors. (If not checked, contact information may be shared with exhibitors.)</p>	
<p>Region <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Don't Know</p> <p>Credentials <input type="checkbox"/> RN(A.D.) <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> NCSN <input type="checkbox"/> Other _____</p>	<p>I plan to attend the "School Nurse Social" event on Tuesday night 6pm-8pm: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>BASIC REGISTRATION (Please check, then add all categories that apply)</p>	<p>GUEST REGISTRATION Awards Banquet/Luncheon</p>	
<p><input type="checkbox"/> MSNA/NASN MEMBER (currently a member)----- \$250.00 <input type="checkbox"/> Retired School Nurse (65 & older who are unemployed)----- \$75.00 <input type="checkbox"/> *Join/Register Option (includes registration fee plus annual NASN/MSNA dues) *Completed NASN membership application must be attached; Download NASN membership application at www.mississippischoolnurse.org & submit together----- \$380.00 <input type="checkbox"/> LATE FEE (for registration & payment made after May 1, 2026)- \$35.00 <input type="checkbox"/> On-Site Registration Fee (in addition to registration rate)----- \$50.00</p> <p>Total Registration Fees Due ----- \$ _____</p>	<p>Please complete this section to register a guest(s) for the Wednesday Awards Banquet/Luncheon at 11:15 am:</p> <p>Name(s) of Guests: _____</p> <p><input type="checkbox"/> My guest(s) will attend the Wednesday Awards Banquet/Luncheon- \$25.00(per person)</p> <p>Total Guest Fees Due ----- \$ _____</p>	

<p>Please mail this form & payment to: MSNA Conference Registration % Amanda Wilson- MSNA Treasurer 392 County Road 83 McCarley, MS 38943 <i>Please make checks/money order payable to MSNA</i> Purchase orders NOT accepted.</p>	<p>CANCELLATION POLICY: Requests to cancel will be honored through May 12, 2026. Telephone cancellations must be confirmed via email within 7 days of the request. Refunds, less a \$25 processing fee, will be mailed within 30 days. *Registration and/or cancellation questions should be submitted to: Amanda Wilson- awilson@grenadak12.com</p> <p>Receipts will be available for pick-up at the conference check-in table; please note we are unable to provide receipts directly to your employer.</p>
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