

MOHS STARS REGISTRATION FORM

NAME: _____

ORGANIZATION: _____

POSITION/ROLE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Are you planning on staying in one of the rooms we have reserved at the Whispering Woods Conference Center? Yes _____ NO _____

Are you a Grant Recipient for MOHS? Yes _____ NO _____

Please fill out the form and email it to psdl@ssrc.msstate.edu.