



**2026 MISSISSIPPI COUNSELING ASSOCIATION CONFERENCE**  
**November 4 – 6, 2026**  
**Mississippi Coast Coliseum and Convention Center, Biloxi, Mississippi**  
*“The Power of Us”*



**Very Important: If your membership renewal date is before November 1, 2026, you MUST renew your membership before your conference registration can be processed. Form for schools and/or school districts registering and paying for multiple people using the same payment method. We do not accept purchase orders.**

**MCA Membership must be current at the time of registration. See statement above concerning membership. Student members must be current college counseling students and must be current student members of MCA. Place an “x” in the correct blank.**

Name of Attendee #1: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership (if necessary):** \_\_\_\_\_ =

**Total Cost:** \_\_\_\_\_

**Continued Next Page**

Name of Attendee #2: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #3: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #4: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #5: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #6: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #7: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #8: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #9: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

Name of Attendee #10: \_\_\_\_\_

School/Business/Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Mark One of the Following:**

Regular Member \$299: \_\_\_\_\_ Retired Member \$299: \_\_\_\_\_ Student Member \$110: \_\_\_\_\_

Everyone Else Must Pay the Non – Member Rate of \$450: \_\_\_\_\_

**Indicate if your membership needs renewal, and if it does mark which type of membership:**

My Membership is up to date: \_\_\_\_\_ I need to renew my membership: \_\_\_\_\_ as a

Regular Member \$150: \_\_\_\_\_ Student Member \$50: \_\_\_\_\_ Retired Member \$70: \_\_\_\_\_

**Please select one option for the Thursday Luncheon:**

Gluten Free: \_\_\_\_\_ Vegan: \_\_\_\_\_ Vegetarian: \_\_\_\_\_ Regular: \_\_\_\_\_

I will not need a lunch: \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_ **Cost of Membership** \_\_\_\_\_ **=Total Cost:** \_\_\_\_\_

If you wish to register more than ten attendees, you will need to complete additional forms.

Total Due on Page 1: \_\_\_\_\_

Total Due on Page 4: \_\_\_\_\_

Total Due on Page 2: \_\_\_\_\_

Total Due on Page 5: \_\_\_\_\_

Total Due on Page 3: \_\_\_\_\_

Total Due on Page 6: \_\_\_\_\_

Total Due from All Pages Combined: \_\_\_\_\_

**Credit Card Information**

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Type of Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

If you prefer to pay by check, it must be sent with this form to MCA Office Division of Conference Registration, P.O. Box 5827, Brandon, MS 39047, by October 1, 2026. MCA does not accept purchase orders.

**All attendees are expected to abide by the Code of Conduct.**