



Professional
Arborist
Association of
Mississippi

‘Conservation and Preservation of Trees by Utilizing Better Practices’

**January 22 & 23, 2026
PAAM ANNUAL CONFERENCE**

Hollywood Casino

711 Hollywood Blvd
Bay St. Louis, MS 39520

Registration: \$175 + \$25 PAAM Membership (Non-member \$225)

Registration after Jan 9, 2026 + \$50
(2 Breakfasts and 1 Lunch provided)

ISA & SAF Continuing Education available

Hotel rooms are available at Hollywood Casino

For reservations, call (228) 469-2100 (group code: **S01AA26**)
\$69/night for two Queens or one King

Conference on-site registration begins at 7:30 a.m.
Program starts at 8:30 a.m. on January 22nd

For more information, contact Joshua Granger at (865) 599-4494,
jjg353@msstate.edu, or Craig Wilkes at cwilkes61@gmail.com

arborist.assn.ms@gmail.com

www.paam-ms.com



**Professional Arborist Association of Mississippi
2026 Annual Conference Registration
January 22 & 23**

NAME/TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE: _____ Zip: _____

PHONE: _____ E-MAIL: _____

Individual and Groups (price is per person)

\$ _____ \$200 Full conference registration for 1 or 2 days; Includes \$25 PAAM membership dues;
Registration after Jan. 9, add \$50

\$ _____ \$225 Full Conference registration for 1 or 2 days for non-PAAM members;
Registration after Jan. 9, add \$50

Exhibitor/Vendor

\$ _____ \$400 Full conference for 2 associates & tabletop exhibit space; After Jan. 9, add \$50

\$ _____ \$200 Each additional associate until 01/9/2026; After Jan. 9, add \$50
Total no. of additional associates: _____

Scholarship Fund

\$ _____ Donation to the Arboriculture / Urban Forest Memorial Scholarship established for deserving
students enrolled in the MSU College of Forest Resources with a focus in urban forestry.

\$ _____ **TOTAL**

METHOD OF PAYMENT: (next page for credit card payments)

PAY BY CHECK: Check No. _____

Please make checks payable to "PAAM"

PAY BY CREDIT CARD:

_____ VISA _____ MASTERCARD _____ DISCOVER

Card Number: _____

Exp. Date: _____ CVV No.: (on back of card) _____

Name on Card: _____

Billing Address: _____
(Address, City, State, and Zip Code)

SIGNATURE: _____

Mail this form with check (payable to "PAAM") or credit card information to:

PAAM, P.O. Box 9681, Mississippi State, MS 39762

For more information, contact Craig Wilkes, Administrative Coordinator, at cwilkes61@gmail.com or email PAAM at arborist.assn.ms@gmail.com.