

September 13-16, 2022 • Pensacola Beach, Florida

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Additional Information

Street Address*					
Address Line 2*					
ity* State / Province / Reg		ion* ZIP / Postal Code*	Country	Country*	
Home Phone Number*	Work Phone Number	Cell Phone Number	<u>.</u>		
Include your cell number to rec	eive periodic conference	updates including conference ma	terial updates, certificato	e information, and more.	
Providing your cell phone number Msg and data rates may apply.		kin, Bones, Hearts & Private Parts e.	to send periodic text m	essages. (4/mo.)	
SPIRIT Program Inf	formation				
Have you been referred by a SP	PIRIT member? Enter their	information here. All SPIRIT infor	mation must be complet	ted for eligibility.	
IRIT Member First Name SPIRIT Member Last Name					
SPIRIT Member Code					
How did you learn about the c	onference? Please only s	elect one (the primary source)*			
Skin, Bones, Hearts and P	rivate Parts Website	Previous Attendee	O PA Network	LinkedIn	
SBHPP Exhibit Booth at Another Conference		Colleague/Friend	MD Linx	Twitter	
NursePractitionerConferences.com		AAPA Calendar	OPostcard	○ Instagram	
○ HealthJobsNationwide		News-Line	○ Emails	O Youtube	
SPIRIT Program		ENP Network	○ Facebook		
Payment Information	n				
				VISA AMERICAN DISCOVER	
Credit Card Number*					
Cardholder Name*					
Expiration Date (MM/YYYY)*	Security Code*	Billing ZIP Code*			



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Registration badges will be required for admission to all events. Payment is due with the registration form and must be submitted according to the indicated dates (shown on page 1 of registration) to qualify for the corresponding rate. Materials can only be guaranteed to pre-registered attendees – be sure to register early.

Please complete this printable registration form and mail to Skin, Bones, Hearts & Private Parts. One registration form per person.

Refunds:

Written notice of cancellation must be received by August 13, 2022. A \$75 administrative fee will be retained. For a detailed look at the refund policy, please visit our FAQs.

Mail or Fax Instructions:

If paying by credit card, please be sure to include all credit card information, including credit card number and billing zip code. Payment is due with registration form and must be postmarked/submitted by the above dates to qualify for corresponding rate. To avoid duplicate charges, do not mail original registration form if you have already faxed it or submitted it via webform.

Complete form and mail to: Skin, Bones, Hearts & Private Parts

1905 Woodstock Road, Suite 2150

Roswell, GA 30075

Complete form and fax to: 770-640-1095

Make checks payable to DMGCME: DMG's Federal Tax ID#: 58-2582200

Media Release:

SBHPP will take photos of attendees throughout the conference. These photos are for SBHPP use only and may appear on the SkinBonesCME.com website, news updates, conference brochures, social media outlets, or other future SBHPP promotional material. By virtue of your attendance, you agree to usage of your likeness in such media.

Sponsors:

By registering for this event, you are giving permission for Skin, Bones, Hearts & Private Parts to share your name, credentials, and email with our sponsors.

Americans With Disabilities Act:

In accordance with the Americans with Disabilities Act, please notify the Skin, Bones, Hearts & Private Parts office if you have any special needs.