






Participate in the conference as though you are on-site with us! We have created an online experience that puts you right in the conference room. Watch in real time, ask questions, and network with other live streaming attendees.

**This Course Includes:**

-  Language – English
-  Certificate of Completion
-  4 Days of Live-Streaming
-  Access On Desktop, Tablet & Mobile
-  4 Speakers

**Registration Options**

	<b>Super Saver</b> <small>On/Before January 13</small>	<b>Advance</b> <small>On/Before May 13</small>	<b>Standard</b> <small>After May 13</small>
<input type="radio"/> Full Conference (Tuesday-Friday)	<b>\$677</b>	<b>\$727</b>	<b>\$777</b>
<input type="radio"/> Tuesday ONLY	<b>\$297</b>	<b>\$347</b>	<b>\$377</b>
<input type="radio"/> Wednesday ONLY	<b>\$297</b>	<b>\$347</b>	<b>\$377</b>
<input type="radio"/> Thursday ONLY	<b>\$297</b>	<b>\$347</b>	<b>\$377</b>
<input type="radio"/> Friday ONLY	<b>\$297</b>	<b>\$347</b>	<b>\$377</b>

**Attendee Information**

First Name*	Middle Initial	Last Name*	Suffix (ex. Jr., Sr.)
Credentials (i.e. PA-C, FNP, etc.)*		Specialty*	
NPI*			
Street Address*			
City*	State / Province / Region*	ZIP / Postal Code*	Country*
Home Phone Number*	Work Phone Number	Cell Phone Number	

Include your cell number to receive periodic conference updates including conference material updates, certificate information, and more. Providing your cell phone number gives permission for Skin, Bones, Hearts & Private Parts to send periodic text messages. (4/mo.) Msg and data rates may apply. Reply STOP to unsubscribe.

## Account Information

\*Required Field

Email\*

Your email will be used to create your CME NOW account. Instructions will be sent for setting your password and accessing your account. By registering for this event, you are opting in to our mailing list. Please use the email address in which you wish to receive conference materials. You may unsubscribe at any time.

## SPIRIT Program Information

Have you been referred by a SPIRIT member? Enter their information here. All SPIRIT information must be completed for eligibility.

SPIRIT Member First Name

SPIRIT Member Last Name

SPIRIT Member Code

## Billing Information

 Billing Information is the same as Attendee Information

Street Address\*

City\*

State / Province / Region\*

ZIP / Postal Code\*

Country\*

## Payment Information



Credit Card Number\*

Cardholder Name\*

Expiration Date (MM/YYYY)\*

Security Code\*

Billing ZIP Code\*

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

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 May 13, 2023. 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

### **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.