

Total:

October 3 - 6, 2023 • San Antonio, Texas

Personal Information					*Required Field	
First Name*	Middle Initial	Last Name*			Suffix (ex. Jr., Sr.)	
lickname on Badge		Credent	Credentials (i.e. PA-C, FNP, etc.)*			
pecialty*			NPI*			
Email* By registering for this event, you are opting in to our Please use the email address in which you wish to re		: materials.	. You may unsubscril	oe at any time.		
Registration Information New ways to SAVE in 2023! Save \$100 on conference	e registrations by	ι booking y	our guest room at o	ur host hotel! <u>See rebat</u>	e details.	
Live Conference Options	Super S On/Before		Early Bird On/Before June 3	Advance On/Before September	Standard After Septembe	
Full Conference (Tuesday-Friday)	\$92	7	\$987	\$1,037	\$1,057	
Optional Workshops	Stand	ard				
Hands-on EKG Workshop (Thursday, 4:00 - 6:30	pm) \$99)				



Additional Information

Street Address*								
Address Line 2								
City*	State / Province / Region*		ZIP / Postal Code*		Country*			
Home Phone Number*	Work Phone N	Number	Cell Phone Number					
nclude your cell number to receiv	ve periodic conf	erence updates inclu	uding conferer	nce material updates,	certificate information	on, and more.		
Providing your cell phone number Msg and data rates may apply. Re	-		learts & Privat	e Parts to send period	dic text messages. (4/	/mo.)		
SPIRIT Program Infordation Information Inf		er their information	here. All SPIR	T information must b	e completed for eligi	bility.		
PIRIT Member First Name			SPIRIT Member Last Name					
SPIRIT Member Code								
How did you learn about the con	ference? Pleas	e only select one (th	e primary sou	ırce)*				
SBHPP Website		HealthJobsNation	nwide (Colleague/Friend	MD Linx	Social Medi		
NursePractitionerConference	es.com (Previous Attende	e (News-Line	○ Emails	Other		
f Other, please specify*		_						
Payment Information								
					VISA	AMERICAN DISCOVER		
Credit Card Number*								
Cardholder Name*								
Expiration Date (MM/YYYY)*	IM/YYYY)* Security Code*			Billing ZIP Code*				





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 September 3, 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

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.