

This Course Includes:

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.

⊕ Language – English □	Access On Desktop, Tablet	& Mobile 💮	Certificate of Com	pletion 🗂 6	Speakers	☑ 4 Days of Live-Streaming		
Registration Options Conference rates valid January 1, 2023 - December 31, 2023			Iper Saver //Before June 14	Advan On/Before Oct		Standard After October 14		
Full Conference (Tuesday-Friday)			\$727	\$777		\$827		
Dual Track Days								
Please specify the <u>primary</u> tra	ack you're interested in. Yo	ou are welcome to	flow freely throu	ugh the tracks as	s you wish.			
Wednesday Track			Thursday	Track				
Orthopedics (Room A)			Cardiology/Emergency Medicine (Room A)					
Pain Management/Pharmacology Update (Room B)			Diabetes (Room B)					
Optional Workshops			Standard					
Hands-on EKG Worksho	р (Thursday, 4:00 - 6:30pn	n)	\$99					
Attendee Informat		iddle Initial L	.ast Name*			Suffix (ex. Jr., Sr.)		
Credentials (i.e. PA-C, FNP, et	c.)* Specialt	y*		NPI*				
Street Address*								
City*	State / Province / Re	egion* ZI	P / Postal Code*		Country*			
Home Phone Number	Work Phone Number		Cell Phone Number					
Include your cell number to r	eceive periodic conferenc	e updates includir	ng conference ma	terial updates, o	certificate info	ormation, and more.		
Providing your cell phone num Msg and data rates may appl			ts & Private Parts	s to send period	ic text messag	ges. (4/mo.)		
How did you learn about the	conference? Please only	select one (the p	rimary source)*					
SBHPP Website	○ He	HealthJobsNationwide		Colleague/Friend		inx Social Media		
NursePractitionerConfe	erences.com Pre	Previous Attendee News-Line		vs-Line	C Email	ls Other		





Account Information

*Required Field

Email*					
By registering for this event, you	e your CME NOW account. Instruct a are opting in to our mailing list. which you wish to receive confere		r password and accessing your account. cribe at any time.		
SPIRIT Program Info	rmation				
_	nd have you been referred by a SP	IRIT member? Enter their infori	mation here. All SPIRIT information must be		
SPIRIT Member First Name		SPIRIT Member Last Name			
SPIRIT Member Code					
Billing Information	☐ Billing Information is the sa	nme as Attendee Information			
Street Address*					
City*	State / Province / Region*	ZIP / Postal Code*	Country*		
Payment Informatio	n				
			VISA ADMENIATION DISCOVER		
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 October 14, 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.