

## October 16 - 19, 2023 • Orlando, Florida

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	C Access On Desktop, Tablet & Mobile	🞦 Certificate of Con	npletion 👖 6 Speake	ers 🔽 4 Days of Live-Streaming	
<b>Registration Options</b> Conference rates valid January 1, 2023 - December 31, 2023		Super Saver On/Before May 16	Advance On/Before September 16	Standard After September 16	
O Full Conference (Monday-Thursday)		\$727	\$777	\$827	
<b>Dual Track Days</b> Please specify the <u>primary</u> track you're interested in. You are welcome to flow freely through the tracks as you wish.					
Tuesday Track		Wednesd	lay Track		
Orthopedics (Room A)		Cardiology/Emergency Medicine (Room A)			
O Pain Management	O Pain Management/Pharmacology Update (Room B) O Diabetes (Room B)				
<b>Optional Worksho</b>	ops	Standard			
Hands-on EKG Wo	rkshop (Wednesday, 4:00 - 6:30pm)	\$99			
Attendee Information					

First Name*	Middle Initial	Last Name*	Suffix (ex. Jr., S
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 rece	ive periodic conference updates ir	cluding conference mater	ial updates, certificate information, and more.
Providing your cell phone numbe Msg and data rates may apply. R		s, Hearts & Private Parts to	send periodic text messages. (4/mo.)
How did you learn about the co	nference? Please only select one	(the primary source)*	

O SBHPP Website	O HealthJobsNationwide	O Colleague/Friend	O MD Linx	O Social Media
O NursePractitionerConferences.com	O Previous Attendee	O News-Line	O Emails	O Other

lf	Other,	please	specify*
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# **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**

Are you NEW to our programs and have you been referred by a SPIRIT member? Enter their information here. All SPIRIT information must be completed for eligibility. See SPIRIT program details.

SPIRIT Member First Name SPIRIT Member Code		SPIRIT Member Last Name	
<b>Billing Information</b>	Billing Information is the s	ame as Attendee Information	
Street Address*			
City*	State / Province / Region*	ZIP / Postal Code*	Country*
Payment Informatio	n		
			NUSARESS VISA AMERICAN DISCOVER
Credit Card Number*			
Cardholder Name*			
Expiration Date (MM/YYYY)*	 Security Code*	<ul> <li>Billing ZIP Code*</li> </ul>	_

Total:



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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 16, 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 and ask for reviews or testimonials from attendees on video and in writing. These items 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.