

## May 1-4, 2023 • Savannah, Georgia

## **Personal Information**

\*Required Field

| First Name*                         | Middle Initial | Last Name*     |      | Suffix (ex. Jr., Sr.) |
|-------------------------------------|----------------|----------------|------|-----------------------|
| Credentials (i.e. PA-C, FNP, etc.)* | Specialty*     |                | NPI* |                       |
| Email*                              |                | Nickname on Ba | dge  |                       |

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.

### **Registration Information**

Conference rates valid January 1, 2023 – December 31, 2023

| Live Conference Options             | Super Saver         | <b>Early Bird</b>    | Advance           | Standard      |
|-------------------------------------|---------------------|----------------------|-------------------|---------------|
|                                     | On/Before January 1 | On/Before February 1 | On/Before April 1 | After April 1 |
| O Full Conference (Monday-Thursday) | \$927               | \$987                | \$1,037           | \$1,057       |

# **Additional Information**

| Street Address*   |                            |                    |          |  |
|-------------------|----------------------------|--------------------|----------|--|
| Address Line 2    |                            |                    |          |  |
| 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.



## **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 Men        | SPIRIT Member Last Name |           |                |  |  |
|--|------------------------------|-------------------|-------------------------|-----------|----------------|--|--|
| SPIRIT Member Code                                   |                              | -                 |                         |           |                |  |  |
| How did you learn about the confe                    | rence? Please only select on | e (the primary so | urce)*                  |           |                |  |  |
| SBHPP Website  | O HealthJobsNa               | ationwide (       | Colleague/Friend        | O MD Linx | 🔘 Social Media |  |  |
| O NursePractitionerConferences.com O Previous Attend |                              | endee (           | News-Line               | O Emails  | O Other        |  |  |
| If Other, please specify*                            |                              |                   |                         |           |                |  |  |
| Payment Information                                  |                              |                   |                         |           |                |  |  |
| Credit Card Number*                                  |                              |                   |                         | VISA VISA |                |  |  |
| Cardholder Name*                                     |                              |                   |                         |           |                |  |  |
| Expiration Date (MM/YYYY)*                           | Security Code*               | Billing ZIP Co    | ode*                    |           |                |  |  |
|  |                              |                   |                         |           |                |  |  |

Total:

## **Hotel Information**

New ways to SAVE in 2023! Receive a \$100 rebate on conference registrations by booking your guest room at our host hotel! See rebate details.



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 April 1, 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<br>1905 Woodstock Road, Suite 2150<br>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.