

Msg and data rates may apply. Reply STOP to unsubscribe.

# June 11-14, 2024 • Destin, Florida

Personal Informati	ion						*Required Field
rst Name*		Middle Initial	Last Na	Last Name*  NPI*			Suffix (ex. Jr., Sr.
Credentials (i.e. PA-C, FNP, et	cc.)* Special	Specialty*					
Email* By registering for this event, Please use the email address				me on Badge	subscribe	at any time.	
Registration Information Conference rates valid June 1							
Live Conference Options		Super Sav On/Before Janua		-		Advance On/Before May 11	Standaro After May 11
Full Conference (Tuesday-Friday)		\$987		\$1,087		\$1,137	\$1,157
Additional Inform	ation						
Street Address*							
Address Line 2							
City*	State / Province / F	Region*	ZIP / Po	stal Code*		Country*	
Home Phone Number*	Work Phone Numb	per	Cell Phone Number				
Include your cell number to i	-	-	_		-		
Providing your cell phone nu	mber gives permission fo	r Skin, Bones, F	learts & P	rivate Parts to	send peri	iodic text messages.	. (4/mo.)



# **SPIRIT Program Information**

Are you NEW to our programs and have completed for eligibility. See SPIRIT pr		T member? Enter their informatio	n here. All SPIRIT infor	mation must be			
SPIRIT Member First Name		SPIRIT Member Last Name					
SPIRIT Member Code							
How did you learn about the confere	nce? Please only select one (th	ne primary source)*					
SBHPP Website	HealthJobsNation	nwide Ocolleague/Friend	MD Linx	O Social Media			
NursePractitionerConferences.co	om Previous Attende	ee News-Line	○ Emails	Other			
Payment Information			VISA	AMHERICAN DISCOVER			
Credit Card Number*			matercox				
Cardholder Name*							
Expiration Date (MM/YYYY)* Sec	curity Code*	Billing ZIP Code*					
Total:							

## **Hotel Information**

New ways to SAVE in 2024! 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 May 11, 2024. 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.

#### **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.