



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 Desk	top, Tablet & Mobile	Certificate of Com	pletion 🗂 4	Speakers 💆	4 Days of Live-Streaming	
Registration Options Conference rates valid June 6, 2023 - June 6, 2024			Super Saver On/Before January 3	Advance On/Before M		Standard After May 3	
Full Conference (Monday-Thursday)		\$827	\$877		\$927		
Attendee Informa	ation						
First Name*		Middle Initial	Last Name*			Suffix (ex. Jr., Sr.)	
Credentials (i.e. PA-C, FNP, etc.)*		Specialty*		NPI*			
Street Address*							
City*	State / Pr	ovince / Region*	ZIP / Postal Code*		Country*		
Home Phone Number	Work Pho	one Number	Cell Phone Number				
Include your cell number to	receive periodic	conference updates inc	luding conference ma	terial updates, c	ertificate inform	ation, and more.	
Providing your cell phone n Msg and data rates may ap			Hearts & Private Parts	to send periodio	text messages.	(4/mo.)	
How did you learn about tl	he conference? P	lease only select one (1	:he primary source)*				
SBHPP Website		○ HealthJobsNatio	onwide Coll	eague/Friend	MD Linx	O Social Media	
NursePractitionerCon	ferences.com	Previous Attend	lee Nev	s-Line	C Emails	Other	





Account Informa	tion	*Required Field			
Email*					
By registering for this ever	create your CME NOW account. Instruct nt, you are opting in to our mailing list. ess in which you wish to receive confere		or password and accessing your account.		
		PIRIT member? Enter their infor	mation here. All SPIRIT information must be		
SPIRIT Member First Name	2	SPIRIT Member Last Nam	SPIRIT Member Last Name		
SPIRIT Member Code					
Billing Informati	On Billing Information is the sa	ame as Attendee Information			
Street Address*					
City*	State / Province / Region*	ZIP / Postal Code*	Country*		
Payment Informa	ation		AMERICAN DISCAVER		
Credit Card Number*			nattreers VISA BORESS		

Total:		
IVIAI.		

Security Code*

Cardholder Name*

Expiration Date (MM/YYYY)*

Billing ZIP Code*



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 3, 2024. A \$75 administrative fee will be retained. For a detailed look at the refund policy, please visit our <u>FAQs</u>.

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.