

**This Course Includes:** 

## August 6-9, 2024 • Virginia Beach, Virginia

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	<b>Certificate</b>	of Completion	🗂 4 Speakers	☑ 4 Days of Live-Streaming
Registration Optio Conference rates valid August 9		124	Super Sav		dvance Before July 6	Standard After July 6
Full Conference (Tues	day-Friday)		\$827		\$877	\$927
Attendee Informa	ation					
First Name*		Middle Initial	Last Name <sup>3</sup>	·		Suffix (ex. Jr., Sr.)
Credentials (i.e. PA-C, FNP, etc.)*		Specialty*		NPI*	NPI*	
Street Address*						
City*	State / Pr	ovince / Region*	ZIP / Postal (	Code*	Country*	
Home Phone Number	Work Pho	Work Phone Number		Cell Phone Number		
Include your cell number to	receive periodic	conference updates inc	cluding conferer	nce material up	dates, certificate ir	nformation, and more.
Providing your cell phone n Msg and data rates may ap			Hearts & Privat	e Parts to send	periodic text mess	ages. (4/mo.)
How did you learn about t	he conference? P	lease only select one (t	the primary sou	ırce)*		
SBHPP Website		○ HealthJobsNatio	onwide (	Colleague/Fr	iend OME	Linx Social Media
NursePractitionerCor	nferences.com	Previous Attend	lee (	News-Line	○ Em	aails Other
If Other, please specify*						



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Account Information	n	*Required Field				
 Email*						
By registering for this event, yo	e your CME NOW account. Instruct u are opting in to our mailing list. which you wish to receive confere		or password and accessing your account.			
SPIRIT Program Info Are you NEW to our programs a completed for eligibility. See SP	nd have you been referred by a SF	PIRIT member? Enter their infori	mation here. All SPIRIT information must be			
SPIRIT Member First Name		SPIRIT Member Last Nam	SPIRIT Member Last Name			
SPIRIT Member Code						
Billing Information	☐ Billing Information is the sa	ame as Attendee Information				
Street Address*						
City*	State / Province / Region*	ZIP / Postal Code*	Country*			
Payment Informatio	n		VISA CONSTITUTO DISCOVER			
Credit Card Number*						
Cardholder Name*						
Expiration Date (MM/YYYY)*	Security Code*	Billing ZIP Code*				
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 July 6, 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.