



**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 🕒 Acc	ess On Deskto <sub>l</sub>	p, Tablet & Mobile	🚹 Certifi	cate of Com	pletion	1 6 Speakers	<b>⋛</b> 4 D	ays of Live-Streaming	
Registration Options Conference rates valid January 1, 202:	3 - December 31,	, 2023	Super On/Befor			<b>Vance</b> re October 14		ndard ctober 14	
Full Conference (Tuesday-Friday)			\$727		\$777		\$827		
Optional Workshops			Stan	dard					
Hands-on EKG Workshop (Thursday, 4:00 - 6:30pm)			\$9	99					
Attendee Informatio	n								
First Name*		Middle Initial	Middle Initial Last Name*					Guffix (ex. Jr., Sr.)	
Credentials (i.e. PA-C, FNP, etc.)*  Specialty*		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	ve periodic co	nference updates in	cluding con	ference ma	iterial upda	tes, certificate i	informatic	on, and more.	
Providing your cell phone number Msg and data rates may apply. Re			, Hearts & P	rivate Parts	s to send pe	eriodic text mes	sages. (4/I	mo.)	
How did you learn about the co	nference? Plea	ase only select one (	the primar	y source)*					
SBHPP Website	SBHPP Website HealthJobsNat		onwide Colle		league/Frie	nd OMI	D Linx	Social Media	
NursePractitionerConferen	ces.com	O Previous Attend	dee	ee News		○ En	nails	Other	
If Other, please specify*									





# **Account Information**

\*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		r password and accessing your account.					
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SPIRIT Program Info Are you NEW to our programs a		IRIT member? Enter their inforr	mation here. All SPIRIT information must be					
completed for eligibility. See SP	IRIT program details.							
SPIRIT Member First Name		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							
Credit Card Number*			VISA					
Cardholder Name*								
Expiration Date (MM/YYYY)*	Security Code*	Billing ZIP Code*						
Total:								





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 October 14, 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.