



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 Cor	npletion 🛱 🗸	1 Speakers 💆	4 Days of Live-Streaming
Registration Optic		1, 2024	Super Saver On/Before May 8	Advan		Standard After Sept 8
Full Conference (Tues	sday-Friday)		\$827	\$877		\$927
Attendee Inform	ation					
First Name*		Middle Initial	Last Name*			Suffix (ex. Jr., Sr.)
Credentials (i.e. PA-C, FNP,	etc.)*	Specialty*		NPI*		
Street Address*						
City*	State / Pro	ovince / Region*	ZIP / Postal Code*		Country*	
Home Phone Number	Work Pho	one Number	Cell Phone Numbe	er		
Include your cell number to	o receive periodic	conference updates inc	luding conference m	aterial updates, o	certificate inforn	nation, and more.
Providing your cell phone r Msg and data rates may ap			Hearts & Private Par	ts to send period	ic text messages	s. (4/mo.)
How did you learn about t	:he conference? Pl	lease only select one (:he primary source)*			
SBHPP Website		○ HealthJobsNatio	onwide O Co	lleague/Friend	○ MD Linx	x Social Media
O NursePractitionerCon	nferences.com	Previous Attend	lee O Ne	ws-Line	○ Emails	Other





-							ø					- 4	
		e e	JC	ın	1	n	•	^	М	m		TI	m
	~	••						v	ш	ш	IC.		41

*Required Field

Email*			
By registering for this event, you	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.
SPIRIT Program Info	ermation		
		PIRIT member? Enter their inform	mation here. All SPIRIT information must b
completed for eligibility. See SP	IRIT program details.		
SPIRIT Member First Name		SPIRIT Member Last Nam	e
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		
			WISA PORTEGON DISCOVER
Credit Card Number*			
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 Sept 8, 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.