

This Course Includes:

May 21-24, 2024 • Pensacola Beach, Florida

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	Certifica	e of Completior	n 🗂 4 Speak	ers 💆 4 Da	ays of Live-Streaming
Registration Optio Conference rates valid May 24,			Super S On/Before Dec		Advance n/Before April 21	Stan After A	
Full Conference (Tues	day-Friday)		\$827		\$877	\$9	27
Attendee Informa	ation						
First Name*		Middle Initial	Last Nan	ne*		Su	uffix (ex. Jr., Sr.)
Credentials (i.e. PA-C, FNP, o	etc.)*	Specialty*		NF) *		
Street Address*							
City*	State / Pr	ovince / Region*	ZIP / Posta	al Code*	Count	ry*	
Home Phone Number	Work Pho	ne Number	Cell Phone	e Number			
Include your cell number to	receive periodic	conference updates in	ncluding confe	rence material	updates, certific	ate information	n, and more.
Providing your cell phone n Msg and data rates may ap			s, Hearts & Priv	ate Parts to se	nd periodic text	messages. (4/n	10.)
How did you learn about tl	ne conference? P	lease only select one	(the primary s	source)*			
SBHPP Website		○ HealthJobsNat	ionwide	Colleague	/Friend) MD Linx	Social Media
O NursePractitionerCon	ferences.com	O Previous Atten	idee	News-Line	e C) Emails	Other
If Other, please specify*							



Total:

May 21-24, 2024 • Pensacola Beach, Florida

Account Informatio	n	*Required Field				
Email*						
By registering for this event, yo	te your CME NOW account. Instruc ou are opting in to our mailing list. n which you wish to receive confere		or password and accessing your account.			
SPIRIT Program Info Are you NEW to our programs completed for eligibility. See Si	and have you been referred by a SF	PIRIT member? Enter their infor	mation here. All SPIRIT information must b			
SPIRIT Member First Name		SPIRIT Member Last Name				
SPIRIT Member Code						
D'II *	_					
Billing Information Street Address*	☐ Billing Information is the s	ame as Attendee Information	_			
Billing Information Street Address*	☐ Billing Information is the s	ame as Attendee Information				
	Billing Information is the same state / Province / Region*	ame as Attendee Information ZIP / Postal Code*	Country*			
Street Address*	State / Province / Region*		Country*			
Street Address* City*	State / Province / Region*		Country* VISA DISCOURTED DI			
Street Address* City* Payment Information	State / Province / Region*		Country* VISA MASSICAL DISCOVER			





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 April 21, 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.