

This Course Includes:

July 29-August 1, 2025 • Hilton Head Island, SC

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, from anywhere in the world.

⊕ Language – English	Access On Desktop, Tablet & Mobile		Certificate of Completion		etion f	4 Speakers	💆 4 Days of Live-Streaming	
Registration Option Conference rates valid July 29, 2			_	Saver March 29	Adva On/Befor	ance e Ju ne 29	Stand After Ju	
Full Conference (Tuesday-Friday)			\$907		\$9	\$967		017
Attendee Informa	ntion							
First Name*	Last Name*					Suffix (ex. Jr.,		
Credentials (i.e. PA-C, FNP, etc.)*		Specialty*		NPI*				
Street Address*								
City*	State / Pr	State / Province / 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 ir	ncluding con	ference mate	rial update	s, certificate in	ıformation,	and more.
Providing your cell phone no Msg and data rates may app			s, Hearts & F	rivate Parts to	send peri	odic text mess	ages. (4/mo	0.)
How did you learn about th	ne conference? P	lease only select one	(the primar	y source)*				
SBHPP Website		○ HealthJobsNat	tionwide	Collea	gue/Friend	мо	Linx	Social Media
NursePractitionerConferences.com Previo		O Previous Atter	ndee	○ Emails	5	Oth	ner	
If Other, please specify*								



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Account Information	1	*Required Field					
Email*							
By registering for this event, yo	e your CME NOW account. Instruc u are opting in to our mailing list. which you wish to receive confere		r password and accessing your account.				
SPIRIT Program Info Are you NEW to our programs a of registration for eligibility. See	nd referred by a SPIRIT member?	Enter their information here. All	SPIRIT information must be completed at time				
SPIRIT Member First Name		SPIRIT Member Last Name					
SPIRIT Member Code							
Billing Information	☐ Billing Information is the s	ame as Attendee Information					
Street Address*							
City*	State / Province / Region*	ZIP / Postal Code*	Country*				
Payment Informatio	n		VISA AMERIKAN 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 June 29, 2025. A \$75 administrative fee will be retained.

If you wish to change your Virtual registration a one-time transfer to a conference program of your choice is available and is only valid for the current year. No refund or credit will be issued within 30 days of the conference start time. All registration changes must be submitted in writing to hello@skinbonescme.com.

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 or email to: 770-640-1095 or hello@skinbonesCME.com

Make checks payable to DMGCME: DMG's Federal Tax ID#: 58-2582200

DUNS: 084319503

Unique Entity ID: LTPPUXDVJED5

Cage Code: 6PHS9

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. To opt out, please send an email to Hello@SkinBonesCME.com to be removed from this mailing list.