

Personal Information

*Required Field

First Name*

Last Name*

Suffix (ex. Jr., Sr.)

Credentials (i.e. PA-C, FNP, etc.)*

Specialty*

NPI*

Email*

Nickname on Badge

By registering for this event, you are opting in to our mailing list.

Please use the email address in which you wish to receive conference materials. You may unsubscribe at any time.

Registration Information

Conference rates valid June 23, 2024 - June 26, 2025

Live Conference Options

Super Saver

On/Before January 23

Early Bird

On/Before February 23

Advance

On/Before May 23

Standard

After May 23

☐ Full Conference (Monday-Thursday)

\$1,087

\$1,197

\$1,247

\$1,277

Dual Track Days

Please specify the primary track you're interested in. You are welcome to flow freely through the tracks as you wish.

Tuesday Track

☐ Orthopedics (Room A)☐ Diabetes (Room B)

Wednesday Track

☐ Cardiology/Emergency Medicine (Room A)☐ Pain Management/Pharmacology Update (Room B)

Additional Information

Street Address*

Address Line 2

City*

State / Province / Region*

ZIP / Postal Code*

Country*

Home Phone Number*

Work Phone Number

Cell Phone Number

Include your cell number to receive periodic conference updates including conference material updates, certificate information, and more.

Providing your cell phone number gives permission for Skin, Bones, Hearts & Private Parts to send periodic text messages. (4/mo.)

Msg and data rates may apply. Reply STOP to unsubscribe.

SPIRIT Program Information

Are you NEW to our programs and referred by a SPIRIT member? Enter their information here. All SPIRIT information must be completed at time of registration for eligibility. [See SPIRIT program details.](#)

SPIRIT Member First Name

SPIRIT Member Last Name

SPIRIT Member Code

How did you learn about the conference? Please only select one (the primary source)*

- | | | | | |
|--|--|--|-------------------------------|------------------------------------|
| <input type="radio"/> SBHPP Website | <input type="radio"/> HealthJobsNationwide | <input type="radio"/> Colleague/Friend | <input type="radio"/> MD Linx | <input type="radio"/> Social Media |
| <input type="radio"/> NursePractitionerConferences.com | <input type="radio"/> Previous Attendee | <input type="radio"/> Emails | <input type="radio"/> Other | |

If Other, please specify*

Payment Information



Credit Card Number*

Cardholder Name*

Expiration Date (MM/YYYY)*

Security Code*

Billing ZIP Code*

Total: _____

Hotel Information

New ways to SAVE in 2025! Receive a **\$75 Amazon gift card rebate** when you book 3 nights at our host hotel using our group code!
[See rebate details.](#)

Registration badges will be required for admission to all events. 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 May 23, 2025. A \$75 administrative fee will be retained.

If you wish to change your In-person 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.

Americans With Disabilities Act:

In accordance with the Americans with Disabilities Act, please notify the Skin, Bones, Hearts & Private Parts office if you have any special needs.