

**This Course Includes:** 

# June 23-26, 2025 • Myrtle Beach, South Carolina

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		top, Tablet & Mobile	Certificate of Completion		etion 🗂	6 Speakers	💆 4 Days of Live-Streaming			
Registration Optio Conference rates valid June 23,	i e	Super Saver On/Before January 23		Advance On/Before May 23		<b>Standard</b> After May 23				
Full Conference (Monday-Thursday)			\$	\$907 \$9		\$967 \$1,0		)17		
Dual Track Days										
Please specify the <u>primary</u>	track you're inter	ested in. You are welco	ome to flow	freely through	n the tracks	as you wish.				
Tuesday Track			Wednesday Track							
Orthopedics (Room A)			Cardiology/Emergency Medicine (Room A)							
O Diabetes (Room B)		Pain Management/Pharmacology Update (Room B)								
		Last Name*				Suffix (ex. Jr., Sr.)				
		Specialty*	alty* 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	o receive periodic	conference updates ir	ncluding con	ference mater	rial updates	s, certificate in	formation	, and more.		
Providing your cell phone r Msg and data rates may ap			s, Hearts & P	rivate Parts to	send perio	odic text mess	ages. (4/m	0.)		
How did you learn about t	he conference? P	lease only select one	(the primar	y source)*						
SBHPP Website		○ HealthJobsNat	○ HealthJobsNationwide		Colleague/Friend		Linx	O Social Media		
NursePractitionerConferences.com Previous Atte		dee C Emails		;	Other					
If Other, please specify*										



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Account Information	n	*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		ur password and accessing your account.			
SPIRIT Program Info	ormation					
Are you NEW to our programs a of registration for eligibility. See		Enter their information here. Al	l 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					
			CONTENENT DISCOVER 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 May 23, 2025.

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.

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 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.