



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 from anywhere in the world.

⊕ Language – English	Access On Desk	top, Tablet & Mobile	Certifi Certifi	cate of Comple	etion 🗂	4 Speakers	💆 4 Day	rs of Live-Streaming
Registration Option Conference rates valid June 15,			_	Saver re Feb 15	Adva On/Before		Stand After Jur	
Full Conference (Tueso	day-Friday)		\$90	07	\$96	7	\$1,0	17
Attendee Informa	ntion							
First Name*		Last Name*			Sı	 ıffix (ex. Jr., Sr	·.)	
Credentials (i.e. PA-C, FNP, e	etc.)*	Specialty*			NPI*			
Street Address*								
City*	State / Pr	ovince / Region*	ZIP / Po	stal Code*		Country*		
Home Phone Number	Work Pho	one Number	Cell Pho	one Number				
Include your cell number to	receive periodic	conference updates ir	ncluding con	ference mater	rial updates	, certificate in	formation,	and more.
Providing your cell phone no Msg and data rates may app			s, Hearts & F	Private Parts to	send perio	dic 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	◯ MD	Linx	Social Media
NursePractitionerCon	ferences.com	O Previous Atter	ndee	○ Emails	5	Oth	ıer	
If Other, please specify*								





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*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		r password and accessing your account. cribe at any time.
			mation here. All SPIRIT information must be
SPIRIT Member First Name		SPIRIT Member Last Nam	e
SPIRIT Member Code			
Billing Information Street Address*	☐ Billing Information is the s	ame as Attendee Information	
	Billing Information is the same of the sam	ame as Attendee Information ZIP / Postal Code*	Country*
Street Address*	- State / Province / Region*		Country*
Street Address* City*	- State / Province / Region*		
Street Address* City* Payment Information	- State / Province / Region*		

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 June 15, 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:

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.