



Personal Informati	on				*	Required Field
First Name* La Credentials (i.e. PA-C, FNP, etc.)* Specialt		Last Name*			Suffix (ex. Jr., Sr.)	
		ialty*		NPI*		
Email*			 Nickna	me on Badge		
By registering for this event, Please use the email address			nce materials	s. You may unsubscrik	pe at any time.	
Registration Information Conference rates valid Octob		0, 2025				
Live Conference Options		Super Saver On/Before May 20		Early Bird On/Before June 20	Advance On/Before Sept 20	Standard After Sept 20
Full Conference (Monday - Thursday)		\$1	,087	\$1,197	\$1,247	\$1,277
Additional Informa	ation					
Street Address*						
Address Line 2						
City*	State / Province	/ Region*	ZIP / Pos	tal Code*	Country*	
Home Phone Number*	Work Phone Nu	mber	Cell Pho	ne Number	_	
Include your cell number to r	eceive periodic confer	ence updates in	cluding conf	erence material upda	ites, certificate informati	on, and more.
Providing your cell phone nui	mber gives permission	for Skin, Bones	, Hearts & Pi	rivate Parts to send p	eriodic text messages. (4	/mo.)

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



SPIRIT Program Information

	program details.						
SPIRIT Member First Name	SP	SPIRIT Member Last Name					
SPIRIT Member Code							
How did you learn about the conference? F	Please only select one (the pri	imary source)*					
SBHPP Website	HealthJobsNationwide	e Colleague/Friend	MD Linx	O Social Media			
NursePractitionerConferences.com	Previous Attendee	Emails	Other				
If Other, please specify*							
Payment Information			VISA	AMERICAN DISCOVER			
Credit Card Number*			matered VISA	EGGESS			
Cardholder Name*							
Cardholder Name* Expiration Date (MM/YYYY)* Security	Code* Bill	ing ZIP Code*					

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 September 20, 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.