

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.

#### **This Course Includes:**

O Full Conference (M	londay - Thursday)	\$907	\$967	\$1,017
Registration Opt Conference rates valid C	t <b>ions</b> October 20, 2024 - October 20, 2025	Super Saver On/Before May 20	Advance On/Before Sept 20	<b>Standard</b> After Sept 20
🌐 Language – English	- Access On Desktop, Tablet & Mobile	헌 Certificate of Comp	oletion 👖 6 Speakers	🔄 4 Days of Live-Streaming

## **Attendee Information**

First Name*	Last Name*		Suffix (ex. Jr., Sr.)	
Credentials (i.e. PA-C, FNP, etc.)*	Specialty*	NP	·I*	
Street Address*				
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.

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

 SBHPP Website
 O HealthJobsNationwide
 O Colleague/Friend
 O MD Linx
 O Social Media

 NursePractitionerConferences.com
 O Previous Attendee
 O Emails
 O Other

If Other, please specify\*



## October 20-23, 2025• Orlando, FL

# **Account Information**

\*Required Field

#### Email\*

Your email will be used to create your CME NOW account. Instructions will be sent for setting your password and accessing your account. 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.

**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   Billing Information   Billing Information   Billing Information   Street Address*   City*   State / Province / Region*   ZIP / Postal Code*   Country*   Country* Credit Card Number* Cardholder Name* Expiration Date (MM/YYYY)* Security Code* Billing ZIP Code*				
Billing Information  Billing Information is the same as Attendee Information    Street Address*   City* State / Province / Region*   ZIP / Postal Code* Country*   Payment Information   Credit Card Number* Cardholder Name*	SPIRIT Member First Name		SPIRIT Member Last Name	e
Street Address*   City*   State / Province / Region*   ZIP / Postal Code*   Country*     Payment Information   Credit Card Number*     Cardholder Name*	SPIRIT Member Code			
City* State / Province / Region* ZIP / Postal Code* Country*  Payment Information  Credit Card Number*  Cardholder Name*	Billing Information	Billing Information is the state	ame as Attendee Information	
Payment Information         Image: Credit Card Number*         Cardholder Name*	Street Address*			
Credit Card Number*	City*	State / Province / Region*	ZIP / Postal Code*	Country*
Credit Card Number*	Payment Informatio	n		
Cardholder Name*				
	Credit Card Number*			
Expiration Date (MM/YYYY)* Security Code* Billing ZIP Code*	Cardholder Name*			
	Expiration Date (MM/YYYY)*	Security Code*	Billing ZIP Code*	

Total:



# October 20-23, 2025• Orlando, FL

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 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.