

This Course Includes:

May 20-23, 2025 • Pensacola Beach, Florida

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, and ask questions from anywhere in the world.

Language – English — Access On Desktop, Tablet & Mobile		Certificate of Completion		🗂 4 Speakers	<mark></mark>	🕏 4 Days of Live-Streaming		
Registration Option Conference rates valid May 20, 2			Super On/Before D		Adv	rance e April 20	Stand After Apr	
Full Conference (Tuesday-Friday)			\$90	\$907		967	\$1,017	
Attendee Informa	ition							
First Name*		Last Name*			Suffix (ex. Jr., Sr.)			
Credentials (i.e. PA-C, FNP, etc.)*		Specialty*			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	receive periodic	conference updates i	ncluding con	ference mat	erial updat	es, certificate ir	nformation,	and more.
Providing your cell phone no Msg and data rates may app			es, Hearts & F	rivate Parts	to send per	riodic text mess	ages. (4/mo).)
How did you learn about th	ne conference? P	ease only select one	e (the primar	y source)*				
SBHPP Website		○ HealthJobsNa	tionwide	Colle	ague/Frien	d OMD	Linx	O Social Media
NursePractitionerConferences.com Previous Att		ndee	○ Emai	ls	Oth	ner		
If Other, please specify*								



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Account Information	1	*Required Field				
 Email*						
Your email will be used to create By registering for this event, you	e your CME NOW account. Instruct a are opting in to our mailing list. which you wish to receive confere		or password and accessing your account.			
SPIRIT Program Info	rmation					
Are you NEW to our programs a time of registration for eligibility		Enter their information here. Al	l SPIRIT information must be completed at			
SPIRIT Member First Name		SPIRIT Member Last Name				
Billing Information	☐ Billing Information is the sa	ame as Attendee Information				
Street Address*						
City*	State / Province / Region*	ZIP / Postal Code*	Country*			
Payment Informatio	n		V/SA AMERICAN DISCOVER			
Credit Card Number*			VISA DORES			
Cardholder Name*						
Expiration Date (MM/YYYY)*	Security Code*	Billing ZIP Code*	<u> </u>			

Total:

SkinBonesCME

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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 April 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 to 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.