



### This Course Includes:

- ## Registration Options

## Super Saver

## Advance

## Standard

☐ Full Conference (Tuesday-Friday)

**\$907**

**\$967**

**\$1,017**

## Attendee Information

First Name\*

Last Name\*

Suffix (ex. Jr., Sr.)

Credentials (i.e. PA-C, FNP, etc.)\*

Specialty\*

NPI\*

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
 ☐ HealthJobsNationwide
 ☐ Colleague/Friend
 ☐ MD Linx
 ☐ Social Media
- ☐ NursePractitionerConferences.com
 ☐ Previous Attendee
 ☐ Emails
 ☐ Other

**If Other, please specify\***

## Account Information

\*Required Field

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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.](#)

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SPIRIT Member First Name

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SPIRIT Member Last Name

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SPIRIT Member Code

## Billing Information

☐ Billing Information is the same as Attendee Information

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Street Address\*

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City\*

---

State / Province / Region\*

---

ZIP / Postal Code\*

---

Country\*

## Payment Information



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Credit Card Number\*

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Cardholder Name\*

---

Expiration Date (MM/YYYY)\*

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Security Code\*

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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 August 9, 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](mailto: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](mailto: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](mailto:Hello@SkinBonesCME.com) to be removed from this mailing list.