



Personal Informati	ion				*Required Field	
First Name* Last Nam		lame*	 ne*			
Credentials (i.e. PA-C, FNP, et	c.)* Specialty*		NPI*			
Email*		Nickna	ame on Badge			
By registering for this event, Please use the email address			ls. You may unsubscrib	e at any time.		
Registration Information Conference rates valid June 1						
Live Conference Op	tions	Super Saver On/Before January 9	Early Bird On/Before February 9	Advance On/Before May 9	Standard After May 9	
Full Conference (Tuesda	ay-Friday)	\$1,197	\$1,277	\$1,377	\$1,397	
Additional Inform	ation					
Street Address*						
Address Line 2						
City*	State / Province / Regi	on* ZIP / Po	stal Code*	Country*		
Home Phone Number*	Work Phone Number	Cell Pho	one Number	-		
Include your cell number to r	eceive periodic conference ι	updates including con	ference material updat	es, certificate inforn	nation, and more.	
Providing your cell phone nu	mber gives permission for Sk	kin, Bones, Hearts & F	Private Parts to send pe	riodic text messages	s. (4/mo.)	

2026 Conference Registration Form • Destin, FL

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



SPIRIT Program Information

SPIRIT Member First Name	SPIR	SPIRIT Member Last Name				
SPIRIT Member Code						
How did you learn about the conference? F	Please only select one (the prim	ary source)*				
SBHPP Website	HealthJobsNationwide	Colleague/Friend	MD Linx	Social Media		
NursePractitionerConferences.com	Previous Attendee	Emails	Other			
If Other, please specify*						
Payment Information			VISA	AMERICAN DISCOVER		
			mostercard	BORALESS		
Credit Card Number*						
Credit Card Number* Cardholder Name*						
	Code* Billing	g ZIP Code*				

Hotel Information

New ways to SAVE in 2026! 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 May 9, 2026. 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.