



This Course Includes:

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 Desk	cop, Tablet & Mobile	<equation-block> Certifi</equation-block>	cate of Comple	tion 1	្នី 4 Speakers	🔽 4 Days	s of Live-Streaming
Registration Option Conference rates valid June 13, Full Conference (Tues	2025 - June 12, 2026		Super On/Before \$99	January 9	On/Befor	ance re May 9 067	Standa After Ma \$1,11	y 9
Attendee Informa	ntion							
First Name*		Last Name*				Suffix (ex. Jr., S	r.)	
Credentials (i.e. PA-C, FNP, e	etc.)*	Specialty*			NPI*			
Street Address*								
City*	State / Pr	ovince / Region*	ZIP / Po	stal Code*		Country*		
Home Phone Number	Work Pho	ne Number	Cell Pho	one Number				
Include your cell number to	receive periodic	conference updates i	ncluding con	ference mater	ial update	es, certificate ir	nformation,	and more.
Providing your cell phone no Msg and data rates may app			s, Hearts & F	rivate Parts to	send per	iodic text mess	ages. (4/mo	.)
How did you learn about th	ne conference? P	ease only select one	(the primar	y source)*				
SBHPP Website		○ HealthJobsNa	tionwide	Colleag	gue/Friend	н Омр	Linx	O Social Media
NursePractitionerCon	ferences.com	Previous Atter	ndee	○ Emails		Oth	ner	
If Other, please specify*								





Account Informa	ation	*F	Required Field
Email*			
By registering for this eve	o create your CME NOW account. Instruct ent, you are opting in to our mailing list. ress in which you wish to receive confere		or password and accessing your account.
SPIRIT Program	Information		
Are you NEW to our prog	rams and referred by a SPIRIT member?	Enter their information here. Al	l SPIRIT information must be completed a
time of registration for el	igibility. <u>See SPIRIT program details.</u>		
SPIRIT Member First Nam	e	SPIRIT Member Last Nam	ne e
SPIRIT Member Code Billing Informat	ion	ame as Attendee Information	
Street Address*			
City*	State / Province / Region*	ZIP / Postal Code*	Country*
Payment Inform	ation		
			WISA AMERICAN DISCOVER
Credit Card Number*			
Cardholder Name*			

	Total:
--	--------

Security Code*

Expiration Date (MM/YYYY)*

Billing ZIP Code*



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 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.