

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:

🌐 Language – English 🛛 🖵 Access On Desktop, Tablet & Mobile		헌 Certificate of Compl	etion 🕺 📅 4 Speakers	菬 4 Days of Live-Streaming
Registration Op	tions	Super Saver	Advance	Standard
Conference rates valid June 23, 2025 - June 29, 2026		On/Before January 29	On/Before May 29	After May 29
O Full Conference (Monday-Thursday)		\$997	\$1,067	\$1,117

Attendee Information

First Name*	Last Name*				Suffix (ex. Jr., Sr.)	
Credentials (i.e. PA-C, FNP, etc.)* Spe		Specialty*				
Street Address*						
City*	State / P	rovince / Region*	ZIP / Po	ostal Code*	Country*	
Home Phone Number	 Work Ph	Work Phone Number		one Number	-	
Include your cell number to re	ceive periodio	conference updates i	ncluding cor	nference material updat	tes, certificate inform	ation, and more.
Providing your cell phone nun Msg and data rates may apply	0 1		s, Hearts & I	Private Parts to send pe	riodic text messages	. (4/mo.)
How did you learn about the	conference? l	Please only select one	(the prima	ry source)*		
SBHPP Website		HealthJobsNa	tionwide	Colleague/Frier	nd 🔿 MD Linx	Social Media
O NursePractitionerConfe	ences.com	O Previous Atter	ndee	C Emails	O Other	

If Other, please specify*



June 29-July 2, 2026 • Myrtle Beach, SC

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 is the s	ame as Attendee Information	
Street Address*			
City*	State / Province / Region*	ZIP / Postal Code*	Country*
Payment Information	n		
Credit Card Number*			
Cardholder Name*			
Expiration Date (MM/YYYY)*	Security Code*	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 May 29, 2026.

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.

A \$75 administrative fee will be retained. 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	

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.