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### These packages include:

 Language – English

 Certificate of Completion

 Access On Desktop, Tablet & Mobile



## Registration Options

### Packages

☐ **On-demand: Best of 2025 - \$687**

11 Speakers, 22 Video Courses  
29.25 CME Credits (Rx=7)  
Expires August 15, 2027

☐ **On-demand: Best of 2024 - \$687**

12 Speakers, 24 Video Courses  
33.75 CME Credits (Rx=8.75)  
Expires August 31, 2026

### Courses By Topic

#### Cardiology / EM / Obesity

☐ **2025: 11.5 CME Credits (Rx=3.25) - \$297**  
Expires August 15, 2027

☐ **2024: 19 CME Credits (Rx=2.25) - \$397**  
Expires August 31, 2026

#### Dermatology

☐ **2025: 16 CME Credits (Rx=7.0) - \$397**  
Expires August 15, 2027

☐ **2024: 18 CME Credits (Rx=5.0) - \$397**  
Expires August 31, 2026

#### Orthopedics

☐ **2025: 13 CME Credits (Rx=0.75) - \$297**  
Expires August 15, 2027

☐ **2024: 12.5 CME Credits (Rx=0.75) - \$297**  
Expires August 31, 2026

#### Women's Health

☐ **2025: 11.75 CME Credits (Rx=4.0) - \$297**  
Expires August 15, 2027

☐ **2024: 12.75 CME Credits (Rx=1.75) - \$297**  
Expires August 31, 2026

#### Diabetes

☐ **2025: 6.5 CME Credits (Rx=1.75) - \$147**  
Expires August 15, 2027

☐ **2024: 5.5 CME Credits (Rx=2.00) - \$147**  
Expires October 1, 2026

#### Pain Management, Pharmacology & Prescribing

☐ **2025: 5 CME Credits (Rx=3.5) - \$147**  
Expires August 15, 2027

☐ **2024: 6.75 CME Credits (Rx=1.25) - \$147**  
Expires August 31, 2026

**Total:** \_\_\_\_\_

## 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.

## Customer Information

<input type="text"/>	<input type="text"/>	<input type="text"/>		
First Name*	Last Name*	Suffix (ex. Jr., Sr.)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Credentials (i.e. PA-C, FNP, etc.)*	Specialty*	NPI*		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address*	City*	State/Province/Region*	ZIP/Postal Code*	Country*
<input type="text"/>	<input type="text"/>			
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.

## SPIRIT Program Information

Are you NEW to our programs and have you been referred by a SPIRIT member? Enter their information here. All SPIRIT information must be completed at time of registration for eligibility. SPIRIT Rewards only apply for Best Of packages. [See SPIRIT program details.](#)

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SPIRIT Member First Name	SPIRIT Member Last Name	SPIRIT Member Code

## Billing Information

☐ Billing Information is the same as Customer Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address*	City*	State/Province/Region*	ZIP/Postal Code*	Country*

## Payment Information



<input type="text"/>	<input type="text"/>	
Credit Card Number*	Cardholder Name*	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (MM/YYYY)*	Security Code*	Billing ZIP Code*

### Payment:

Payment is due with the registration form. Please complete and mail to Skin, Bones, Hearts & Private Parts.

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No refund, transfer or cancellation after this transaction is complete.

### 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  
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