

Total:

August 29 - September 1, 2023 • Chicago, Illinois

Personal Information					*Required Field
First Name*	Middle Initial	Last Name*			Suffix (ex. Jr., Sr.)
Nickname on Badge		Creden	tials (i.e. PA-C, FNP, etc		
Specialty*		NPI*			
Email* By registering for this event, you are opting in to our Please use the email address in which you wish to red		e materials	. You may unsubscribe	e at any time.	
Registration Information New ways to SAVE in 2023! Save \$100 on conference	registrations by	/ booking \	our guest room at our	host hotel! <u>See reba</u>	te details.
Live Conference Options	Super S		Early Bird On/Before April 29	Advance On/Before July 29	Standard After July 29
Full Conference (Tuesday-Friday)	\$92	7	\$987	\$1,037	\$1,057
Optional Workshops	Stand	lard			
Hands-on EKG Workshop (Thursday, 4:00-6:30pr	m) \$9 9	•			



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Additional Information

Street Address*						
Address Line 2						
City* Si	State / Province / Region*			Country*		
Home Phone Number* W	ork Phone Number	. ————————————————————————————————————	Cell Phone Number			
Include your cell number to receive p	periodic conference updates ir	uding conference material updates, certificate information, and more				
Providing your cell phone number giv Msg and data rates may apply. Reply	-	s, Hearts & Private Part	s to send period	ic text messages. (4/	'mo.)	
SPIRIT Program Information Have you been referred by a SPIRIT n		on here. All SPIRIT info	rmation must be	e completed for eligi	bility.	
SPIRIT Member First Name		SPIRIT Member La	SPIRIT Member Last Name			
SPIRIT Member Code						
How did you learn about the confer	ence? Please only select one	(the primary source)*				
SBHPP Website	○ HealthJobsNat	cionwide O Col	league/Friend	MD Linx	O Social Media	
NursePractitionerConferences.	com Previous Atter	ndee Ne	ws-Line	○ Emails	Other	
If Other, please specify*						
Payment Information						
				VISA VISA	AMERICAN BORRESS DISCOVER	
Credit Card Number*						
Cardholder Name*						
Expiration Date (MM/YYYY)* Se	ecurity Code*	Billing ZIP Code*				



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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 July 29, 2023. 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 to: 770-640-1095

Make checks payable to DMGCME: DMG's Federal Tax ID#: 58-2582200

Media Release:

SBHPP will take photos of attendees throughout the conference. These photos 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.

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.