

November 14 - 17, 2023 • Las Vegas, Nevada

Personal Informati	on					*Required Field				
First Name*	First Name* Mid		Last Na	Suffix (ex. Jr., Sr.)						
Credentials (i.e. PA-C, FNP, etc	c.)* Specialty*									
Email* By registering for this event, y Please use the email address		_		ne on Badge . You may unsubscrib	e at any time.					
Registration Information Conference rates valid Januar		23								
Live Conference Options		Super S		Early Bird On/Before July 14	Advance On/Before October 14	Standard After October 1-				
Full Conference (Tuesday-Friday)		\$927		\$987	\$1,037	\$1,057				
Dual Track Days Please specify the <u>primary</u> tra	ack you're interested in. You	are welcom	e to flow fi	eely through the trac	:ks as you wish.					
Wednesday Track			Thursday Track							
Orthopedics (Room A) Pain Management/Pharmacology Update (Room B)			n A)							
Optional Workshops	s	Stand	ard							
Hands-on EKG Worksho	op (Thursday, 4:00 - 6:30pm)	\$99)							
Additional Informa	ation									
Street Address*										
Address Line 2										
City*	State / Province / Regi	on*	ZIP / Post	al Code*	Country*					
Home Phone Number*	Work Phone Number		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.



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SPIRIT Program Information

Are you NEW to our programs and completed for eligibility. See SPIRI	-	-	ember? Enter th	eir information h	nere. All SPIRIT infor	mation must be			
SPIRIT Member First Name			SPIRIT Member Last Name						
SPIRIT Member Code									
How did you learn about the conf	ference? Please o	nly select one (the p	rimary source) [‡]	k					
SBHPP Website		HealthJobsNationwi	de 🔘 Co	lleague/Friend	MD Linx	O Social Media			
NursePractitionerConferences.com		Previous Attendee	○ Ne	ews-Line	Emails	Other			
If Other, please specify* Payment Information					VISA	AMMERICAN DISCOVER			
Credit Card Number*									
Cardholder Name*									
Expiration Date (MM/YYYY)*	Security Code*	Bi	illing ZIP Code*						
Total:									

Hotel Information

New ways to SAVE in 2023! Receive a \$100 rebate on conference registrations by booking your guest room at our host hotel! 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 October 14, 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.