

MUSC Rheumatology 50th Anniversary Conference

June 14, 2024



By Registering for this conference, you acknowledge and agree to the cancellation policy stated below.

Name _____ Personal ID# XXX-XX- _____
(As you would like it printed on your name badge) *(Last four digits of your SSN)*

Address _____

City _____ State _____ Zip _____

Specialty _____ Degree/Credentials _____

Email _____
(Please provide your active email address to ensure proper receipt of all CME Credit documentation.)

Phone (_____) _____ - _____ Fax (_____) _____ - _____

PLEASE READ THE STATEMENTS BELOW AND CHECK THE BOX IF YOU AGREE.

YES I give permission to the MUSC Ofce of CME to share my name, city, and state with other attendees and the companies that will be exhibiting at and/or supporting the conference through educational grants.

NO I do not give permission to the MUSC Ofce of CME to share my name, city, and state with other attendees and the companies that will be exhibiting at and/or supporting the conference through educational grants.

PLEASE SELECT THE APPROPRIATE RATE

- | | | |
|------------------|--------------------------|---------------|
| Student/Resident | <input type="checkbox"/> | Complimentary |
| Researcher (PhD) | <input type="checkbox"/> | Complimentary |
| Fellow | <input type="checkbox"/> | Complimentary |

Complimentary In-Person Registration form for MUSC Rheumatology 50th Anniversary Conference for Non-Physicians/Non-faculty

Form must be completed and returned to CME Office no later than June 1, 2024

**Completed Registration form should be emailed to:
cmeoffice@musc.edu**

Register Online!
www.musc.edu/cme