The Charleston Course 13th Annual Otolaryngology Literature Update 2024

Otolaryngology - Head & Neck Surgery | Medical University of South Carolina August 16 & 17, 2024 | Kiawah Island Golf Resort, SC

By Registering for this conference, you acknowledge and agree to th	e cancellation policy sta	ated below.	
Name Pe (As you would like it printed on your name badge)	rsonal ID# <u>XXX - XX -</u> (Last four digits of your SSN)		
Address		(East four digits of you	351 19
		State	Zip
Specialty			
Email(Please provide your active email address to ensure proper receipt of all CME (
(Please provide your active email address to ensure proper receipt of all CME (Credit documentation.)		
PLEASE READ THE STATEMENTS BELOW AND CHECO YES I give permission to the MUSC Office of CME to should be exhibiting at and/or supporting the conference through education	are my name, city, and s		nd the companies that will
□ NO I do not give permission to the MUSC Office of CM that will be exhibiting at and/or supporting the conference through e	E to share my name, cit ducational grants	y, and state with other atten	dees and the companies
PLEASE SELECT THE APPROPRIATE RATE(S)	Early Bird (On/Before 5/31/2024)	Regular (6/1/2024 to 7/30/2024)	Late (8/1/2024 to 8/16/2024)
Practicing Otolaryngologists SC Otolaryngologists* Residents, Fellows, Retired, APPs Industry	\$535 \$370* \$425 \$535	\$575 \$400* \$475 \$575	\$625 \$435* \$525 \$625
*South Carolina Otolaryngologist in-state tuition			
PLEASE SELECT THE REGISTRATION TYPE	☐ In-Person Registration ☐ Virtual Registration		
ACCESS TO RECORDED PRESENTATIONS**			
Yes, I would like access to the recorded videos for an additional fee No, I do not want access to the recorded videos for an additional fee	\$100 N/A		
** The videos will be posted online after the conference. Viewing the videos will offer	the same amount of CME cr	redit and can be viewed for up to 14	1 days following the posting date
CONFERENCE REGISTRATION MAY BE CHARG ☐ Enclosed Check Payable to MUSC ☐ MasterCard		☐ Discover	☐ American Express
Card Number	Expiration Date		
Name as it appears on card CVV Sec	curity Code Authorized amount to be charged		
REGISTRATION METHODS (Please use ONE of these methods to	register. Do not mail if previo	usly faxed or telephoned).	
 Mail registration form with check made out to "Medical Univers MUSC Office of CME 96 Jonathan Lucas Street HE601, MSC 754 Charleston, SC, 29425 Email/Scan completed registration form to cmeoffice@musc.ec Complete registration through the Online Registration Portal 	CANCELLA A refund will be 2024 less a \$10 will be made. \ necessary. Full programs. By	or credit card information to	lly 16 no refunds el the program if nded for cancelled