

53rd Annual OB/GYN Spring Symposium

March 14-15, 2024 • The Hyatt Place • Historic Charleston, SC



REGISTRATION FORM

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

Name _____ Personal ID# XXX - XX - _____
As you would like it printed on your name badge. (Please Limit Credentials to 7 Characters) Please use the last four digits of your SSN

Address _____

City _____ State _____ Zip Code _____

Specialty _____ Degree/Credentials _____

Daytime Phone (_____) _____ - _____ Business Fax (_____) _____ - _____

Email _____

- YES I give permission to the MUSC Office 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 Office 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.

REGISTRATION FEES

	Early Bird Fees Received on or by 1/31/24	Regular Fees Received after 1/31/24
Physicians in Practice (In-person)	<input type="radio"/> \$655	<input type="radio"/> \$700
Residents, Nurses, NPs, PAs, CNMs (In-person)	<input type="radio"/> \$585	<input type="radio"/> \$645

The fee for in-person attendance includes tuition, breaks, online syllabus and certificates of attendance. abus, and certificates of attendance.

Please note: An In-person registration fee is required to anyone that purchased access to the videos.

ACCESS TO RECORDED PRESENTATIONS**

Yes, I would like access to the recorded videos for an additional fee \$100 \$100
No, I do not want access to the recorded videos for an additional fee N/A N/A

**The videos will be posted online after the conference. Viewing the videos will offer the same amount of CME credit and can be viewed for up to 14 days following the post date

Payment must accompany registration:

Enclosed Check Payable to MUSC MasterCard Visa Discover American Express

Cardholder's Name _____

Card Number _____

Expiration Date _____

CVV Code _____

REGISTRATION METHODS (Please use ONE of these methods to register. Do not mail if previously faxed or telephoned).

- **Mail** registration form with check made out to "Medical University of South Carolina" or credit card information to: Office of CME, Medical University of South Carolina, 96 Jonathan Lucas Street, HE 601 Suite A, MSC 754, Charleston, SC 29425
- **Telephone:** (843) 876-1925 – Registration by credit card only
- **Email/Scan** completed registration form to cmeoffice@muscd.edu
- **Online:** Visit www.musc.edu/cme and select "CME Conferences" on the left hand side, then scroll down to find this activity, select the blue "Register" button, and follow directions as prompted.