

# THERAPY UPDATES IN PRIMARY CARE 2024

February 5-8, 2024 | The Hyatt Place, Historic District Charleston



## REGISTRATION FORM

*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 \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please provide your active email address to ensure proper receipt of all CME Credit documentation.)

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

- 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.

### PLEASE SELECT THE APPROPRIATE RATE(S)

	Early Bird (On/Before 12/5/2023)	Regular (After 12/5/2023)
Registration (4-day in person)	<input type="checkbox"/> \$749	<input type="checkbox"/> \$795
Registration (4-day Virtual)	<input type="checkbox"/> \$775	<input type="checkbox"/> \$835
Registration (Monday/Tuesday In-person)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$495
Registration (Monday/Tuesday Virtual)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$535
Registration (Wednesday/Thursday In-person)	<input type="checkbox"/> \$350	<input type="checkbox"/> \$395
Registration (Wednesday/Thursday Virtual)	<input type="checkbox"/> \$375	<input type="checkbox"/> \$435

### ACCESS TO RECORDED PRESENTATIONS\*\*

- Yes, I would like access to the recorded videos for an additional fee  \$100
- No, I do not want access to the recorded videos for an additional fee  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 posting date

Please note: for virtual registrations, a minimum number of participants must register to be able to offer the virtual meeting. If this minimum is not met, you will be notified by January 22, 2024, and will be given the option to change to in-person registration or receive a full refund. If the virtual registration option is canceled, the video access option would also be canceled and a refund will be issued to anyone that purchased access to the videos.

### CONFERENCE REGISTRATION MAY BE CHARGED TO:

- Enclosed Check Payable to MUSC  MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ CVV Security Code \_\_\_\_\_ Authorized amount to be charged \_\_\_\_\_

### 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  
MUSC Office of CME  
96 Jonathan Lucas Street  
HE 601, MSC 754  
Charleston, SC, 29425
- Email/Scan completed registration form to [cmeoffice@musc.edu](mailto:cmeoffice@musc.edu)
- Complete registration through the Online Registration Portal

Register Online!  
[www.musc.edu/cme](http://www.musc.edu/cme)

### CANCELLATIONS

A refund will be made upon written request prior to January 5, 2024 less a \$100 cancellation fee. After January 5, 2024 no refunds will be made. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for cancelled programs. By registering for this conference, you acknowledge and agree to this cancellation policy