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

Name ____________________________________ Personal ID# XXXX - 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.
☐ I do NOT want my name included on a list of participants to be included in handouts at the conference.
Printed Course Syllabus:
☐ YES, I do want a copy of the printed syllabus for $40.
☐ NO, I do not want a printed copy of the course syllabus.

PLEASE SELECT THE APPROPRIATE RATE(S)

<table>
<thead>
<tr>
<th>Rate Description</th>
<th>Full Conference</th>
<th>10/29</th>
<th>10/30</th>
</tr>
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<tbody>
<tr>
<td>Practicing Physicians</td>
<td>$400</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>NP’s, PAs, PPh, Residents</td>
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<td>Students (MUSC)</td>
<td>$200</td>
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<tr>
<td>Printed Course Syllabus</td>
<td>$40</td>
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This fee includes continental breakfasts, coffee breaks, access to online course syllabus and credit processing.

CONFERENCE REGISTRATION MAY BE CHARGED TO:
☐ Enclosed Check Payable to Medical University of South Carolina
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number ___________________________________ Expiration Date

Name as it appears on card

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 Elizabeth Gossen, Office of CME, Medical University of South Carolina, 96 Jonathan Lucas Street, HE221A, MSC 754, Charleston, SC, 29425
• Telephone: (843) 876-1925 – Registration by credit card only
• Fax: (843) 876-1931 – Registration by credit card only
• Online: Visit https://tinyurl.com/EBDTU20

CANCELLATIONS
A refund will be made upon written request prior to September 29, 2020, less a $100 cancellation fee.
We reserve the right to cancel the program if necessary. Full registration fees will be refunded for cancelled programs. The University cannot be responsible for reimbursement of airline or other transportation fares, hotel or rental car charges, including penalties.

By registering for this conference, you acknowledge and agree to this cancellation policy.

Register Online! www.musc.edu/cme