



The Medical University of South Carolina Department of Family Medicine Presents

FAMILY MEDICINE UPDATE 2022

June 20-24, 2022
West Beach Conference Center
Kiawah Island Golf Resort
Kiawah Island, South Carolina









FAMILY MEDICINE UPDATE 2022

June 20-24, 2022 | Kiawah Island Golf Resort, West Beach Conference Center



	KEGIS	TRATION F	ORM			
By Registering for this conference, you ackn	owledge and agree to the ca	ancellation policy s	tated below.			
Name	Perso	onal ID# XXX -	XX -			
(As you would like it printed on your name badge)	<u> </u>	- XX - (Last four digits of your SSN)				
Address						
City		State		Z	Zip	
	Degree/Credentials					
Email	Phone (
(Please provide your active email address to ensure	proper receipt of all CME Cred	dit documentation.)				
PLEASE READ THE STATEMENTS TEST I give permission to the MUS be exhibiting at and/or supporting the confe	C Office of CME to share	my name, city, and		ttendees and th	e companies that will	
\square NO I do not give permission to th that will be exhibiting at and/or supporting the	e MUSC Office of CME to ne conference through educ	o share my name, c cational grants	ity, and state with	other attendees	and the companies	
PLEASE SELECT THE APPROPRIATE RATE(S)		Early Bird (On/Before 4/15/2022)		Regular (After 4/15/2022)		
Practicing Physicians NP, PA, RPh, Resident, Retired, Other		□ \$725 □ \$625			☐ \$775 ☐ \$675	
PLEASE SELECT THE REGISTRATION TYPE		☐ In-Person Registration		☐ Virtual Registration		
ACCESS TO RECORDED PRESENT	TATIONS**					
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		□ \$100 □ N/A		
** The videos will be posted online after the conference Please note: for virtual registrations, a minin be notified by June 1, 2022, and will be give the video access option would also be canc	num number of participants n the option to change to i	s must register to l n-person registrati	oe able to offer the on or receive a ful	e virtual meetine I refund. If the v	g. If this minimum is not met, you wil virtual registration option is canceled,	
CONFERENCE REGISTRATION Enclosed Check Payable to MUSC			Discover		American Express	
Card Number	Expiration Date					
Name as it appears on card	CVV Securi	y Code Authorized		amount to be charged		
REGISTRATION METHODS (Please to	se ONE of these methods to regi	ster. Do not mail if prev	iously faxed or telephor	ned).		
 Mail registration form with check made MUSC Office of CME 96 Jonathan Lucas Street 	out to "Medical University	of South Carolina"	or credit card info	rmation to		
HE221A, MSC 754 Charleston, SC, 29425				Register Online!		
Fmail/Scan completed registration form to cmeoffice@musc.edu					www.musc.edu/cme	

CANCELLATIONS

Email/Scan completed registration form to cmeoffice@musc.edu
Complete registration through the Online Registration Portal

A refund will be made upon written request prior to May 20, 2022 less a \$100 cancellation fee. After May 20, 2022 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