## 52nd Annual OB/GYN Spring Symposium



March 11-13, 2023 • Francis Marion Hotel • Historic Charleston. SC

By Registering for this conference, you acknowledg	e and agree to the	cancellation pol	icy stated in this broc	hure.	
Name			Personal ID#XXX - XX -		
As you would like it printed on your name badge. (Please Li	imit Credentials to 7 (	Characters)	Plea	nse use the last four digits of your SSN	
Address					
City		Stat	e	Zip Code	
cialty			Degree/Credentials		
Daytime Phone ()		Bu	siness Fax (		
Email					
YES I give permission to the MUSC Office of C			ate with other attend	ees and the companies that will	
be exhibiting at and/or supporting the conference		5			
NO I do not give permission to the MUSC Office be exhibiting at and/or supporting the conference	ce of CME to share e through education	e my name, city, onal grants.	and state with other	attendees and the companies th	at wil
REGISTRATION FEES		rd Fees	Regula	r Fees	
	Received on c	or by 1/31/23	Received aft	er 1/31/23	
Physicians in Practice (In-person)	O \$645		O \$695		
Physicians in Practice (Virtual) Residents, Nurses, NPs, PAs, CNMs (In-person)	<ul><li>○ \$695</li><li>○ \$575</li></ul>		O \$725 O \$625		
Residents, Nurses, NPs, PAs, CNMs (in-person) Residents, Nurses, NPs, PAs, CNMs (Virtual)	O \$625		O \$675		
The fee for in-person attendance includes tuition, breaks, online					
of attendance. Please note: for virtual registrations, a minimum notified by February 27, 2023, and will be given the option to o					
option would also be canceled and a refund will be issued to a					
ACCESS TO RECORDED PRESENTATIONS**					
Yes, I would like access to the recorded videos for a	n additional fee	O \$100	O \$10	00	
No, I do not want access to the recorded videos for	an additional fee	o N/A	o N	/A	
**The videos will be posted online after the confere 14 days following the post date	ence. Viewing the v	videos will offer t	he same amount of C	CME credit and can be viewed for	r up t
Payment must accompany registration:					
Enclosed Check Payable to MUSC O	MasterCard	O Visa	O Discover	O American Express	
Cardholder's Name					
Card Number			 Expiration	n Date CVV	Code

- 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 221 Suite A, MSC 754, Charleston, SC 29425
   Telephone: (843) 876-1925 Registration by credit card only

- Email/Scan completed registration by credit cald only
  Email/Scan completed registration form to cmeoffice@musc.edu
  Online: Visit <a href="www.musc.edu/cme">www.musc.edu/cme</a> 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.