# **2023 ANNUAL MEETING**

South Carolina Rheumatism Society

April 21-23, 2023



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

| Name  | Personal ID#_ <i>XXX</i>  | - XX -   |   |  |
|---|---|--|---|--|
| (As you would like it printed on your name badge)   |   | Personal ID# <u>XXX - XX -</u><br>(Last four digits of your SSN) |   |  |
| Address   |   |  |   |  |
| City  |   | State  | Zip   |  |
| Specialty   |   | Degree/Credentials   |   |  |
| Email   |   |  |   |  |
| Email   | roper receipt of all CME Credit documentation                                 | n.)  |   |  |
| Phone ( )   | Fax ( )   | =  |   |  |
| PLEASE READ THE STATEMENTS B  | ELOW AND CHECK THE BOX I  | F YOU AGREE.   |   |  |
| <ul> <li>YES I give permission to the MUSC exhibiting at and/or supporting the c</li> </ul>   | COffice of CME to share my name, city, conference through educational grants  | and state with other a   | ttendees and the companies that will be     |  |
| NO I do not give permission to the be exhibiting at and/or supporting the support of the supp | MUSC Office of CME to share my nan<br>ne conference through educational grant | ne, city, and state with<br>s                                    | other attendees and the companies that will |  |
| REGISTRATION  | d like to register at fee of \$200  |  |   |  |
| <ul><li>Yes, I will attend the dinner on Sa</li><li>Yes, I will bring a guest</li></ul>   | turday, April 22  | on) (Dinner for SCI  | RS Members, Faculty and their Guest Only)   |  |
| No, I will not attend the dinner or   | n Saturday, April 22  |  |   |  |

### 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

CVV Security 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 HE221A, MSC 754 Charleston, SC, 29425

- Email/Scan completed registration form to <u>cmeoffice@musc.edu</u>
- Complete registration through the QR Code to the right

## CANCELLATIONS

A refund will be made upon written request prior to March 21, 2023 less a \$75 cancellation fee. After March 21, 2023, no refunds will be made. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for canceled programs. By registering for this conference, you acknowledge and agree to this cancellation policy



Register Online! www.musc.edu/cme