

2024 MULTIDISCIPLINARY BREAST CANCER SYMPOSIUM

September 28, 2024

Charleston Marriott, Charleston, South Carolina

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 _____
(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.

- 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 Pricing (until 8/31/24) | <input type="checkbox"/> \$100.00 |
| Physicians in Practice | <input type="checkbox"/> \$150.00 |
| APP (Advanced Practice Providers) | <input type="checkbox"/> \$150.00 |
| Industry | <input type="checkbox"/> \$150.00 |
| RN/LPN/CMA | <input type="checkbox"/> \$ 50.00 |

The fee for in-person attendance includes tuition, breaks, lunch, online syllabus, and certificates of attendance.

- Enclosed Check Payable to MUSC MasterCard Visa Discover American Express

Card Number _____ Expiration Date _____

Name as it appears on card _____ CVV Code (on back of card) _____

(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, HE601, MSC 754, Charleston, SC, 29425
- Telephone: (843) 876-1925 – Registration by credit card only.
- Fax: (843) 876-1931 – Registration by credit card only.
- Online with [Online Registration Portal](#)

A refund will be made upon written request prior to August 31, 2024 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.

