

# Joint Meeting of the Cleft/VPD Interactive Conference



November 1-2, 2024 • The Hyatt Place • Historic Charleston, SC

## REGISTRATION FORM

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

Name \_\_\_\_\_ Personal ID# XXX-XX-  
*As you would like it printed on your name badge. (Please Limit Credentials to 7 Characters)* *Please use the last four digits of your SSN*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Specialty \_\_\_\_\_ Degree/Credentials \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Business Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

- ☐ 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.

## REGISTRATION FEES

	Early Bird Fees <i>Received on or by 8/31/24</i>	Regular Fees <i>Received after 8/31/24</i>
Physicians in Practice	<input type="radio"/> \$500	<input type="radio"/> \$525
Speech-Language Pathologists (SLP's)	<input type="radio"/> \$250	<input type="radio"/> \$275
Trainees	<input type="radio"/> \$100	<input type="radio"/> \$125

- ☐ Optional Simulation Mandibular Distraction Lab (Friday, November 1st at 5:15pm)  
Optional VP Nasopharyngoscopy Simulation Lab (Friday, November 1st at 5:15pm)

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

Payment must accompany registration:

Enclosed Check Payable to MUSC ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Cardholder's Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

**REGISTRATION METHODS** (Please use ONE of these methods to register. Do not mail if previously faxed or telephoned).

- **Mail:** send 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 601 Suite A, MSC 754, Charleston, SC 29425
- **Telephone:** (843) 876-1925 – Registration by credit card only
- **Email/Scan** completed registration form to [cmeoffice@musc.edu](mailto:cmeoffice@musc.edu)
- **Online:** Visit [www.musc.edu/cme](http://www.musc.edu/cme) 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.