

The MUSC Storm Eye Institute Alumni Meeting 2024

May 3, 2024



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 Ofce 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 Ofce 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)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> Complimentary | <input type="checkbox"/> Student/Resident | <input type="checkbox"/> Complimentary |
| <input type="checkbox"/> OD | <input type="checkbox"/> Complimentary | <input type="checkbox"/> Researcher (PhD) | <input type="checkbox"/> Complimentary |
| <input type="checkbox"/> Storm Eye Ophthalmic Technician | <input type="checkbox"/> Complimentary | <input type="checkbox"/> Ophthalmic Technician (non-MUSC) | <input type="checkbox"/> \$50.00 |

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
HE601, MSC 754
Charleston, SC, 29425
- Email/Scan completed registration form to cmeoffice@musc.edu

CANCELLATIONS

A refund for paying attendees will be made upon written request prior to April 3, 2024 less a \$25 cancellation fee. After April 3, 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