

2nd Charleston Sleep Surgery Course

Otolaryngology - Head & Neck Surgery | Medical University of South Carolina
October 4-5, 2024 | MUSC Campus, Charleston SC

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 _____ Phone (_____) _____ - _____
(Please provide your active email address to ensure proper receipt of all CME Credit documentation.)

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 (On/Before 7/31/2024)	Regular (8/1/2024 - 8/30/2024)	Late (9/1/2024 - 10/4/2024)
Practicing Physicians (United States)	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100
Practicing Physicians (International)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
Residents, Fellows, Retired, APPs (Non-MUSC)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Industry	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100

CONFERENCE REGISTRATION MAY BE CHARGED TO:

Enclosed Check Payable to MUSC MasterCard Visa Discover American Express

Card Number _____ Expiration Date _____

Name as it appears on card _____ CVV Security Code _____ Authorized amount to be charged _____

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
MUSC Office of CME
96 Jonathan Lucas Street
HE601, MSC 754
Charleston, SC, 29425
- Email/Scan completed registration form to cmeoffice@musc.edu
- Complete registration through the [Online Registration Portal](#)

CANCELLATIONS

A refund will be made upon written request prior to September 4, 2024 less a \$100 cancellation fee. After September 4, no refunds will be made. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for cancelled programs. By registering for this conference, you acknowledge and agree to this cancellation policy.