2025 Multidisciplinary Hematology Updates March 29, 2025 Hyatt Place Historic District, Charleston, South Carolina

REGISTRATION FORM	
By Registering for this conference, you	acknowledge and agree to the cancellation policy stated below.
	Personal ID# XXX - XX - (Last four digits of your SSN)
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	State Zip
	Degree/Credentials
Email (Please provide your active email address to ensure proper receipt of	all CME Credit documentation.)
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☐ YES I give permission to the MUSC Office of CME to sh be exhibiting at and/or supporting the conference through edu	nare my name, city, and state with other attendees and the companies that will ucational grants.
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Physicians in Practice	\$150.00
APP (Advanced Practice Providers)	\$150.00
Industry RN/LPN/CMA	☐ \$150.00 ☐ \$ 50.00
TO A COUNT	
The fee for in-person attendance includes tuition, b	reaks, lunch, online syllabus, and certificates of attendance.
☐ Enclosed Check Payable to MUSC ☐ MasterCard	□ Visa □ Discover □ American Express
Card Number	Expiration Date
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(Please use ONE of these methods to register. Do not mail if • Mail registration form with check made out to "Medical Univ	
	onathan 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 March 24, 2025 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.

