



# 2025 Annual Meeting of the Society of Pelvic Surgeons

November 2 - 5, 2025



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 (ON/BEFORE 9/8/2025)	REGULAR (AFTER 9/8/2025)
PRACTICING PHYSICIAN (MD/DO)	<input type="checkbox"/> \$1,300.00	<input type="checkbox"/> \$1,400.00
GUEST, SPOUSE, OR COMPANION	<input type="checkbox"/> \$1,300.00	<input type="checkbox"/> \$1,400.00

Guest, Spouse, or Companion's Name \_\_\_\_\_

## CONFERENCE REGISTRATION MAY BE CHARGED TO:

☐ Enclosed Check Payable to Medical University of South Carolina  
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Amount Authorized to charge to credit card: \_\_\_\_\_

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  
MUSC Office of CME  
96 Jonathan Lucas Street  
HE601, MSC 754  
Charleston, SC, 29425
- Email/Scan completed registration form to [cmeoffice@musc.edu](mailto:cmeoffice@musc.edu)

## CANCELLATIONS

A refund for paying attendees will be made upon written request prior to October 2, 2025 less a \$100 cancellation fee (per Person). After October 2, 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.