

THERAPY UPDATES IN PRIMARY CARE 2025

February 17-20, 2025 | The Hyatt Place, Historic District Charleston



REGISTRATION FORM

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)

Regular Registration

- | | |
|---|--------------------------------|
| Registration (4-day in person) | <input type="checkbox"/> \$749 |
| Registration (4-day Virtual) | <input type="checkbox"/> \$775 |
| Registration (Monday/Tuesday In-person) | <input type="checkbox"/> \$450 |
| Registration (Monday/Tuesday Virtual) | <input type="checkbox"/> \$475 |
| Registration (Wednesday/Thursday In-person) | <input type="checkbox"/> \$350 |
| Registration (Wednesday/Thursday Virtual) | <input type="checkbox"/> \$375 |

ACCESS TO RECORDED PRESENTATIONS**

- | | | |
|---|--------------------------------|--------------------------------|
| Yes, I would like access to the recorded videos for an additional fee | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$100 |
| No, I do not want access to the recorded videos for an additional fee | <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |

** The videos will be posted online after the conference. Viewing the videos will offer the same amount of CME credit and can be viewed for up to 14 days following the posting date

Please note: for virtual registrations, a minimum number of participants must register to be able to offer the virtual meeting. If this minimum is not met, you will be notified by January 27, 2025, and will be given the option to change to in-person registration or receive a full refund. If the virtual registration option is canceled, the video access option would also be canceled and a refund will be issued to anyone that purchased access to the videos.

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
HE 601, MSC 754
Charleston, SC, 29425
- Email/Scan completed registration form to cmeoffice@musc.edu
- Complete registration through the Online Registration Portal

Register Online!
www.musc.edu/cme

CANCELLATIONS

A refund will be made upon written request prior to January 17, 2025 less a \$100 cancellation fee. After January 5, 2024 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