

# Charleston Vestibular Conference: 2025 Update

Hyatt Place Charleston Historic District

November 6-8, 2025



College of Medicine

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 7/31/2025)	Regular (On/After 8/1/2025)	Late (On/After 10/1/2025)
Practicing Physicians	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Other Healthcare Professionals	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Industry	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Residents and Students	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Lab Sessions - In Person Only - Limited Space, Register Early!	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275

Please rate your current level in regards to vestibular evaluation and interpretation, and/or treatment: ☐ Novice ☐ Intermediate ☐ Advanced

## PLEASE SELECT THE REGISTRATION TYPE

☐ In-Person Registration ☐ Virtual Registration

NOTE: For virtual registrations, a minimum number of participants must register to be able to offer the virtual meeting. If minimum is not met, you will be notified by October 7, 2025, and will be given the option to change to in-person or receive a full refund. If virtual registration option is cancelled, the video access option would also be cancelled and a refund will be issued to anyone that purchased access to the videos.

## ACCESS TO RECORDED PRESENTATIONS

I would like access to the recorded videos for an additional fee of \$150\* ☐ YES ☐ NO

\*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

## 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

**Telephone:** 843-876-1925 **Fax:** 843-876-1931 Registration by credit card only.

**Email/Scan** completed registration form to [cmeoffice@musc.edu](mailto:cmeoffice@musc.edu)

## CANCELLATIONS

A refund will be made upon written request prior to October 6, 2025 less a \$100 cancellation fee. After October 6, 2025, 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