

# EVIDENCE-BASED DRUG THERAPY UPDATE



**MAY 7-8, 2026 | CROWNE PLAZA HOTEL**  
4831 TANGER OUTLET BLVD, NORTH 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 or before 2/28/2026)	Regular (after 2/28/2026)
All Attendees (In-person)	<input type="radio"/> \$500	<input type="radio"/> \$550
All Attendees (Virtual)	<input type="radio"/> \$525	<input type="radio"/> \$575
Students (MUSC In-person or Virtual)	<input type="radio"/> \$250	<input type="radio"/> \$275

## PLEASE SELECT THE REGISTRATION TYPE

- ☐ In-Person Registration ☐ Virtual Registration

## ACCESS TO RECORDED PRESENTATIONS\*\*

- ☐ Yes, I would like access to the recorded videos for an additional fee of \$150.00
- ☐ No, I do not want access to the recorded videos for an additional fee of \$150.00

\*\* 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 Medical University of South Carolina ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ CVV \_\_\_\_\_

## 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 or credit card information to MUSC Office of CME  
96 Jonathan Lucas Street, HE601, MSC 754,  
Charleston, SC, 29425
- Telephone: (843) 876-1925 – Registration by credit card only
- Complete Registration online: <https://tinyurl.com/2026EBDTUregistration>

**Register Online!**  
[www.musc.edu/cme](http://www.musc.edu/cme)

## CANCELLATIONS

A refund will be made upon written request **prior to April 7, 2026**, less a \$100 cancellation fee. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for canceled 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.*