



2026 Frontiers in Preventive Cardiology and Cardiometabolic Health

March 6-7, 2026 • Hyatt Place Hotel • Charleston, SC



College of Medicine

REGISTRATION FORM

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 TO

- ☐ 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.

REGISTRATION FEES & METHOD OF PAYMENT

	Early Bird On/Before 10/31/2025	Regular After 10/31/2025
Physicians In Practice	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00
All Others Healthcare Professionals	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00
Industry	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$350.00

The fee for in-person attendance includes tuition, breaks, online syllabus, and certificates of attendance.

How did you hear about this conference _____

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

Card Number _____ Expiration Date _____ CVV Code _____

Name as it appears on card _____

(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 – Registration by credit card only.
- **Email:** Scan & email completed registration form to cmeoffice@musc.edu
- **Online:** Complete registration through the [Online Registration Portal](#)

www.musc.edu/cme

CANCELLATION

A refund will be made upon written request prior to **February 6, 2026** less a \$100.00 cancellation fee. We reserve the right to cancel the program if necessary. Full registration fees will 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.*