

45TH CARDIOLOGY UPDATE

EVIDENCE-BASED MANAGEMENT

May 25-27, 2023 • Hyatt Place Hotel, Charleston, South Carolina

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 TYPE

PLEASE SELECT THE REGISTRATION TYPE

In-Person Registration

Virtual Registration

REGISTRATION FEES & METHOD OF PAYMENT

| | On or Before 3/31/2023 | On or After 4/1/2023 |
|--------------------------------|-----------------------------------|-----------------------------------|
| Physicians in Practice | <input type="checkbox"/> \$575.00 | <input type="checkbox"/> \$650.00 |
| All Other Health Professionals | <input type="checkbox"/> \$475.00 | <input type="checkbox"/> \$550.00 |

I would like access to the recorded videos for an additional fee of \$100*

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

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

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, HE221A, MSC 754, Charleston, SC, 29425
- **Telephone:** (843) 876-1925 – Registration by credit card only.
- **Fax:** (843) 876-1931 – Registration by credit card only.
- **Email:** Scan & email completed registration form to cmeoffice@muscd.edu
- **Online:** Complete registration through the [Online Registration Portal](#)



www.musc.edu/cme

CANCELLATION

A refund will be made upon written request prior to **April 25, 2023** less a \$100 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.*