

# 47<sup>TH</sup> CARDIOLOGY UPDATE

## EVIDENCE-BASED MANAGEMENT

May 29 - 31, 2025 • 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 3/31/2025	On or After 4/1/2025
Physicians in Practice	<input type="checkbox"/> \$625.00	<input type="checkbox"/> \$700.00
All Other Health Professionals	<input type="checkbox"/> \$525.00	<input type="checkbox"/> \$600.00
Industry	<input type="checkbox"/> \$650.00	<input type="checkbox"/> \$725.00

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

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, HE601, 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](mailto:cmeoffice@muscd.edu)



[www.musc.edu/cme](http://www.musc.edu/cme)

#### CANCELLATION

A refund will be made upon written request prior to **April 29, 2025** 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.*