

Registration Form

23rd Annual Frontiers in Pediatrics
A Virtual CME Conference
December 11-12, 2020

By completing this form, you agree to the cancellation policy outlined in the brochure.

Last Name (please print clearly)

First Name

Middle Initial

☐ MD ☐ DO ☐ NP ☐ PA ☐ Other (specify) _____

Email (Please provide your active email address to ensure proper receipt of all CME credit documentation)

Address

City

State

Zip

Office Telephone

Office Fax

ID Number (last four digits of your SSN)

☐ I do NOT want my name included on the list of participants that will be handed out at the conference.

What is your primary medical specialty? (Check ONE)

☐ Pediatrics ☐ Family Medicine ☐ Other (specify) _____

Please check your tuition category:

Early Bird

(on or before 10/16)

Full Rate

(on or after 10/17)

Live Streaming

☐ \$125.00

☐ \$175.00

The fee includes access to online course syllabus and credit processing.

Payment must accompany registration.

☐ Check Payable to Medical University of South Carolina

☐ Master Card

☐ Visa

☐ American Express

☐ Discover

Cardholder's Name

Card Number

Expiration Date

CVV Security Code

Please use ONE of these methods to register (do not mail if previously faxed or telephoned):

• Mail registration form with check or credit card information to

Elizabeth Gossen

MUSC - Office of CME

96 Jonathan Lucas Street HE 221A, MSC 754

Charleston, SC 29425

• Telephone: (843) 876-1925 - Registration by credit card only

• Fax: (843) 876-1931 - Registration by credit card only

• Online: Please visit <https://tinyurl.com/Frontiers2020>