

Registration Form

26th Annual Frontiers in Pediatrics

December 1-3 2023 - Francis Marion Hotel • Historic Charleston, SC

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

Last Name (please print clearly)

MD DO NP PA Other

First Name

(specify)

Middle Initial

Email

ID Number (last four digits of your SSN)

Phone

Address

City

State

Zip

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 grant

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 grant

What is your primary medical specialty?

Pediatrics

Family Medicine

Other _____

Please check your tuition category:

In-person Attendance

Virtual Attendance

Access to Recorded Videos (Optional)

Early Bird
(on or before 9/30)

\$500

\$550

\$100

Full Rate

(on or after 10/1)

\$550

\$600

\$100

The fee for in-person attendance includes tuition, breaks, online syllabus and certificates of attendance. The fee for virtual attendance includes tuition, online syllabus, and certificates of attendance. **Please note: for virtual registrations, a minimum number of participants must register to be able to offer the virtual meeting. If this minimum is not met, you will be notified by November 17, 2023, and will be given the option to change to in-person registration or receive a full refund. If the virtual registration option is canceled, the video access option would also be canceled and a refund will be issued to anyone that purchased access to the videos.**

Saturday Afternoon Workshops (No additional charge)

Choose (1) 2-hour workshop:

Workshop 1: 2:00 - 4:00pm

Orthopedic/Radiology Workshop (** Only Virtual Workshop**)

Workshop 2: 2:00 - 4:00pm

Does this baby need phototherapy? Practicing newborn hyperbilirubinemia management skills using the New Clinical Practice Guideline Revision

Workshop 3: 2:00 - 4:00pm

Emergency Department Office-Based Procedures

Payment must accompany registration:

Check Payable to **Medical University of South Carolina**

Master Card

Visa

AX

Discover

Cardholder's Name

Card Number

Expiration Date

CVV 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

Heidi Callahan, MUSC - Office of CME

96 Jonathan Lucas Street, HE 601, MSC 754, Charleston, SC, 29425

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

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

• **Online:** To register through the online portal, please use your camera on the QR Code