

2024 Frontiers in Preventive Cardiology and Cardiometabolic Health

February 16-17, 2024 • 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 11/30/2023	Regular After 12/1/2023
In-person Attendee	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00
Virtual Attendee*	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$225.00

**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 February 1, 2024, 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.

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. *No refunds will be offered for individuals switching from in-person to virtual registration.*

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 **January 16, 2024** less a \$50.00 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.*