

Charleston HFpEF Conference

The Latest Knowledge on Heart Failure with preserved Ejection Fraction
July 28-30, 2023



College of Medicine

By Registering for this conference, you acknowledge and agree to the cancellation policy stated below.

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 _____ Phone (_____) _____
(Please provide your active email address to ensure proper receipt of all CME Credit documentation.)

PLEASE READ THE STATEMENTS BELOW AND CHECK THE BOX IF YOU AGREE.

- 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.

PLEASE SELECT THE APPROPRIATE RATE(S)

Practicing Physicians
NP, PA, RPh, Resident, Retired, Other
MUSC Employee*

Early Bird (On/Before 3/31/2023)

- \$350
- \$250
- \$250

Regular (After 4/1/2023)

- \$400
- \$300
- \$250

*MUSC Division of Cardiology faculty and staff should call the Office of CME at 843-876-1925 to register.

PLEASE SELECT THE REGISTRATION TYPE

- In-Person Registration
- Virtual Registration

ACCESS TO RECORDED PRESENTATIONS**

- Yes, I would like access to the recorded videos for an additional fee \$100
- No, I do not want access to the recorded videos for an additional fee N/A
- \$100
- N/A

** 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

CONFERENCE REGISTRATION MAY BE CHARGED TO:

- Enclosed Check Payable to MUSC
- MasterCard
- Visa
- Discover
- American Express

Card Number _____ Expiration Date _____

Name as it appears on card _____ CVV Security Code _____ Authorized amount to be charged _____

REGISTRATION METHODS (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
- Email/Scan completed registration form to cmeoffice@musc.edu
- Complete registration through the [Online Registration Portal](#)



CANCELLATIONS

A refund will be made upon written request prior to June 28, 2023 less a \$100 cancellation fee. After June 28, no refunds will be made. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for cancelled programs. By registering for this conference, you acknowledge and agree to this cancellation policy