REGISTRATION FORM

By Registering for this conference, you acknowledge and agree to the cancellation policy outlined in this brochure.

Name ___________________________ Personal ID# XXX - XX - ____________
As you would like it printed on your name badge Please use the last four digits of your SSN

Address ____________________________________________
City ___________________________ State ___________ Zip Code ______________

Specialty ___________________________________________ Degree/Credentials __________________

Business Phone # (_________) ______________ - ____________ Business Fax # (_________) __________ __________ - __________

Email ____________________________________________
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.
☐ I do NOT want my name included on a list of participants to be included in handouts at the conference.
☐ YES, I would like to purchase a copy of the printed course syllabus
☐ NO, I do not want a printed copy of the course syllabus.

REGISTRATION FEES

<table>
<thead>
<tr>
<th>Category</th>
<th>On or Before April 26, 2020</th>
<th>After April 26, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians &amp; Pharm.D.</td>
<td>☐ $299.00</td>
<td>☐ $349.00</td>
</tr>
<tr>
<td>Commercial and Biotech Partners</td>
<td>☐ $299.00</td>
<td>☐ $349.00</td>
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<tr>
<td>NPs, PA’s, RN’s</td>
<td>☐ $199.00</td>
<td>☐ $249.00</td>
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<tr>
<td>Resident/Fellows (Non—MUSC)</td>
<td>☐ $99.00</td>
<td>☐ $99.00</td>
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</tbody>
</table>

MUSC Divisions of Cardiology, Gastroenterology/Hepatology, and Endocrinology faculty and staff should call the Office of CME at 843-876-1925 to register.

Conference Registration may be charged to:
☐ Enclosed Check Payable to Medical University of South Carolina
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number ___________________________ Expiration Date ____________
Name as it appears on card ____________________________

REGISTRATION METHODS (Please use ONE of these methods to register. Do not mail if previously faxed or telephoned).

• Mail registration form with credit card information or check made payable to “Medical University of South Carolina” to: Odessa Ussery, Office of CME, Medical University of South Carolina, 96 Jonathan Lucas Street, HE221A, MSC 754, Charleston, SC 29425
• Telephone: (843) 876-1925 – Registration by credit card only
• Fax: (843) 876-1931 – Registration by credit card only
• Online: Visit https://tinyurl.com/FMU2019