

2022 Update on NTM Infections

(Non-Tuberculous Mycobacteria)

September 9-10, 2022 ▪ West Beach Conference Center ▪ Kiawah Island Resort



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

	Early Bird On/Before 6/30/2022	Regular On/After 7/1/2022
Physicians in Practice	<input type="checkbox"/> \$399.00	<input type="checkbox"/> \$449.00
All Other Health Professionals	<input type="checkbox"/> \$349.00	<input type="checkbox"/> \$399.00

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.*

PLEASE SELECT REGISTRATION TYPE In-Person Registration Virtual Registration*

*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 August 26, 2022, and will be given the option to change to in-person registration or receive a full refund.

- 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, HE221A, 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 **August 9, 2022** less a \$100 cancellation fee. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for canceled 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.*