51st Annual OB/GYN Spring Symposium



March 26–28, 2022 • Francis Marion Hotel • Historic Charleston, SC

Name As you would like it printed on your name badge. (Please Limit Credentials to 7 Characters) Address State _ Specialty Busine Email Consequence of this conference, you acknowledge and agree to the cancellation policy Name As you would like it printed on your name badge. (Please Limit Credentials to 7 Characters) Address State State Specialty Busine Email As you would like it printed on your name badge. (Please Limit Credentials to 7 Characters)	Personal ID# XXX - XX - Please use the last four digits of y Zip Code Degree/Credentials ness Fax ()	
Address	Zip Code Degree/Credentials ness Fax ()	
City State _ Specialty Daytime Phone ()	Zip Code Degree/Credentials ness Fax ()	
Specialty	Degree/Credentials ness Fax ()	
Daytime Phone (Busine	ness Fax ()	
O YES I give permission to the MUSC Office of CME to share my name, city, and state viting at and/or supporting the conference through educational grants.	with other attendees and the companies tha	t will be exhib-
NO I do not give permission to the MUSC Office of CME to share my name, city, and exhibiting at and/or supporting the conference through educational grants.	d state with other attendees and the compar	nies that will be
REGISTRATION FEES		
Early Bird Fees Recieved on or by 1/31/22	Regular Fees Recieved after 1/31/22	
Physicians in Practice (Virtual or in-person) O \$645	O \$695	
Residents, Nurses, NPs, PAs, CNMs (Virtual or in-person) O \$575	O \$625	
PLEASE SELECT THE REGISTRATION TYPE O In- Person Registrati	tion O Virtual Registration	
ACCESS TO RECORDED PRESENTATIONS**		
Yes, I would like access to the recorded videos for an additional fee	O\$100	
No, I do not want access to the recorded videos for an additional fee \circ N/A	O N/A	
**The videos will be posted online after the conference. Viewing the videos will offer the 14 days following the post date	e same amount of CME credit and can be vi	ewed for up to
Payment must accompany registration: O Enclosed Check Payable to MUSC O MasterCard O Visa	O Discover O American Exp	ress
Cardholder's Name		
Card Number	- Consideration Data	<u></u>
Card Number	Expiration Date	CVV Code
REGISTRATION METHODS (Please use ONE of these methods to register. Do not re	mail if previously faxed or telephoned).	

- Mail registration form with check made out to "Medical University of South Carolina" or credit card information to: Office of CME, Medical University of South Carolina, 96 Jonathan Lucas Street, HE 221 Suite A, MSC 754, Charleston, SC 29425
- Telephone: (843) 876-1925 Registration by credit card only
- Email/Scan completed registration form to cmeoffice@musc.edu
- Online: Visit www.musc.edu/cme and select "CME Conferences" on the left hand side, then scroll down to find this activity, select the blue "Register" button, and follow directions as prompted.