REGISTRATION FORM

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

Name ___________________________ Personal ID# _________ XXX - XX - _________
As you would like it printed on your name badge. (Please Limit Credentials to 7 Characters)

Address ________________________________________________________________
City __________________________________ State _________ Zip Code _____________

Specialty __________________________________________ Degree/Credentials ____________

Daytime Phone ( _________ ) _________ - _________ Business Fax ( _________ ) _________ - _________

Email ________________________________________________________________

☐ I do NOT want my name included on a list of participants to be included in handouts at the conference.
☐ YES, I do want a printed copy of the course syllabus (see below).
☐ NO, I do not want a printed copy of the course syllabus.

REGISTRATION FEES

<table>
<thead>
<tr>
<th>Physician Status</th>
<th>Early Bird Fees</th>
<th>Regular Fees</th>
<th>On-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received on or by 1/31/20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians in Practice</td>
<td>$670</td>
<td>$720</td>
<td>$750</td>
</tr>
<tr>
<td>Retired, Residents, Nurses, NPs, PAs, CNMs</td>
<td>$570</td>
<td>$620</td>
<td>$650</td>
</tr>
<tr>
<td>Printed Course Syllabus</td>
<td>$40</td>
<td>$40</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Payment must accompany registration:
☐ Check Payable to Medical University of South Carolina
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Cardholder’s Name ________________________________
Card Number ___________________________ Expiration Date __________________________

REGISTRATION INFORMATION
Registration fee includes continental breakfasts, coffee breaks, electronic course syllabus and credit processing. No pre-registrations will be accepted after March 18, 2020. After March 18, you must contact the MUSC Office of CME at 843-876-1925 to see if space is available. If space is available, you must register onsite. Note: There is an increased rate for onsite registrations!

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: 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
• Fax: (843) 876-1931 – Registration by credit card only
• Online: Visit https://tinyurl.com/REGISTER-OBGYN2020