

# 2024 ANNUAL MEETING

South Carolina Rheumatism Society

April 26-28, 2024



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 \_\_\_\_\_  
(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.

- 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

- I would like to register at fee of \$200

**Saturday Evening Dinner @ High Cotton** (199 East Bay Street) (Dinner for SCRS Members, Faculty and their Guest Only)

- Yes, I will attend the dinner on Saturday, April 27
- Yes, I will bring a guest
- No, I will not attend the dinner on Saturday, April 27

## 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 \_\_\_\_\_ CVV Security Code \_\_\_\_\_

## 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  
HE601, MSC 754  
Charleston, SC, 29425
- Email/Scan completed registration form to [cmeoffice@musc.edu](mailto:cmeoffice@musc.edu)
- Complete registration through the QR Code to the right



## CANCELLATIONS

A refund will be made upon written request prior to March 26, 2024 less a \$75 cancellation fee. After March 26, 2024, no refunds will be made. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for canceled programs. By registering for this conference, you acknowledge and agree to this cancellation policy

Register Online!  
[www.musc.edu/cme](http://www.musc.edu/cme)