REGISTRATION FORM

AN UPDATE IN FAMILY MEDICINE
June 13-18, 2016 | Kiawah Island Resort | (800) 654-2924 | www.kiawahresort.com

Registration methods (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 Pamela Benjamin, Office of CME, Medical University of South Carolina, 19 Hagood Avenue, Suite 1004, P.O. Box 250754, Charleston, SC, 29425
• Telephone: (843) 876-1925 – Registration by credit card only
• Fax: (843) 876-1931 – Registration by credit card only
• Online: Visit http://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.

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 ____________________________________________________________________________
Business 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 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

Physicians in Practice
Residents, NPs, PAs, Nurses and Pharmacists
Printed Syllabus

Early Bird Fees (Full Conf) Postmarked by 4/29/16
☐ $750
☐ $650
☐ $40

Regular Fees (Full Conf) Postmarked after 4/30/16
☐ $795
☐ $695
☐ $40

Limited 3-Day Registration Fee
☐ $650
☐ $600
☐ $40

Total Registration Fee Included: $____________

If you selected the 3 day option, please indicate which days you plan to attend:
☐ Monday, Tuesday and Wednesday
☐ Thursday, Friday and Saturday

Payment must accompany registration
☐ Check Payable to Medical University of South Carolina in US Dollars Or use a credit card
☐ MasterCard ☐ Visa ☐ Discover ☐ AMEX

Cardholder’s Name __________________________

Card Number _______________________________________________________________________
Expiration Date ______________________________________________________________________

If you have any questions, please contact the Office of CME at (843) 876-1925 or visit our website, www.musc.edu/cme.

Register Online!
www.musc.edu/cme