



# 4th Annual Frontiers in Preventive Cardiology and Cardiometabolic Health

March 5-6, 2027 • Hyatt Historic Charelston • Charleston, SC



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 & METHOD OF PAYMENT

|                                    | Early Bird<br>On/Before 10/31/2026 | Regular<br>After 10/31/2026       |
|------------------------------------|------------------------------------|-----------------------------------|
| Physicians In Practice             | <input type="checkbox"/> \$350.00  | <input type="checkbox"/> \$400.00 |
| All Other Healthcare Professionals | <input type="checkbox"/> \$300.00  | <input type="checkbox"/> \$350.00 |
| Industry                           | <input type="checkbox"/> \$375.00  | <input type="checkbox"/> \$425.00 |

The fee for in-person attendance includes tuition, breaks, online syllabus, and certificates of attendance.

How did you hear about this conference \_\_\_\_\_

☐ 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, HE601, MSC 754, Charleston, SC, 29425
- **Telephone:** (843) 876-1925 – Registration by credit card only.
- **Email:** Scan & email completed registration form to [cmeoffice@musc.edu](mailto:cmeoffice@musc.edu)
- **Online:** Complete registration through the [Online Registration Portal](#)

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

### CANCELLATION

A refund will be made upon written request prior to **February 5, 2027** less a \$100.00 cancellation fee. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for cancelled 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.*