56th Annual
OB/GYN Spring Symposium

March 11-12, 2027 • The Hyatt Place • Historic Charleston, SC

MUSC Medical University of South Carolina

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) *Please use the last four digits of your SSN*

Address _____

City _____ State _____ Zip Code _____

Specialty _____ Degree/Credentials _____

Daytime Phone (_____) _____ - _____ Business Fax (_____) _____ - _____

Email _____

○ 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

	Early Bird Fees *Received on or by 1/30/27*	Regular Fees *Received after 1/31/27*
Physicians in Practice (In-person)	○ $665	○ $710
Residents, Nurses, NPs, PAs, CNMs (In-person)	○ $595	○ $655

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

How did you hear about this conference: _____

Payment must accompany registration:
Enclosed Check Payable to MUSC ○ MasterCard ○ Visa ○ Discover ○ American Express

_____
Cardholder's Name

_____ _____
Card Number Expiration Date CVV Code

REGISTRATION METHODS (Please use ONE of these methods to register. Do not mail if previously faxed or telephoned).

- **Mail:** send 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 601 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:**