

EVIDENCE-BASED DRUG THERAPY UPDATE



MAY 6-7, 2027 | CROWNE PLAZA HOTEL
4831 TANGER OUTLET BLVD, NORTH CHARLESTON, SC

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 _____ Phone (_____) _____ - _____

(Please provide your active email address to ensure proper receipt of all CME Credit documentation.)

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.

PLEASE SELECT THE APPROPRIATE RATE(S)

All Attendees (In-person)

All Attendees (Virtual)

Students (MUSC In-person or Virtual)

RHN/MUSC Pediatric Faculty

Early Bird (on or before 2/28/2027)

- ☐ \$500
- ☐ \$525
- ☐ \$250
- ☐ \$325
- ☐ In-Person Registration

Regular (after 2/28/2027)

- ☐ \$550
- ☐ \$575
- ☐ \$275
- ☐ \$375
- ☐ Virtual Registration

PLEASE SELECT THE REGISTRATION TYPE

ACCESS TO RECORDED PRESENTATIONS**

- ☐ Yes, I would like access to the recorded videos for an additional fee of \$150.00
- ☐ No, I do not want access to the recorded videos for an additional fee of \$150.00

** The videos will be posted online after the conference. Viewing the videos will offer the same amount of CME credit and can be viewed for up to 30 days following the posting date

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

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

1. Mail registration form with check made out to "Medical University of South Carolina" or credit card information or credit card information to MUSC Office of CME
96 Jonathan Lucas Street, HE601, MSC 754,
Charleston, SC, 29425
2. Telephone: (843) 876-1925 – Registration by credit card only
3. Complete Registration through the [Online Registration Portal](https://muscloud-cme.com)

Register Online!

<https://muscloud-cme.com>

CANCELLATIONS

A refund will be made upon written request **prior to April 6, 2027**, less a \$100 cancellation fee. We reserve the right to cancel the program if necessary. Full registration fees will be refunded for canceled 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.*