



REGISTRATION

Southern Region Burn Conference
 October 30, November 2, 2025
 Charleston Marriott, Charleston, South Carolina

Full Name: _____ Degree: _____

DOB (MM/DD/YEAR): ___/___/_____ Gender: _____ Specialty or Certification: _____

Practice / Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____ (REQUIRED)

✓ Mark Category	Category	
<input type="checkbox"/>	Physician SMA Member	\$500
<input type="checkbox"/>	Physician & SMA Membership Member Physician	\$820
<input type="checkbox"/>	Non-member Physician	\$1,000
<input type="checkbox"/>	Military Physician (Includes SMA Membership)	\$650
<input type="checkbox"/>	Nurses	\$450
<input type="checkbox"/>	Healthcare Professionals	\$450
<input type="checkbox"/>	Non-Healthcare Professionals	\$425
<input type="checkbox"/>	Resident/Fellow Physician	\$150
<input type="checkbox"/>	Medical, Nursing and Rehabilitation Students	\$150
<input type="checkbox"/>	One Day Only ___Fri ___Sat ___Sun	\$275
<input type="checkbox"/>	Thursday Rehabilitation Workshop	\$250
<input type="checkbox"/>	Thursday Pediatric Burns Session	\$75
	Special Events	
<input type="checkbox"/>	Thursday Welcome to Charleston Reception	No Fee
<input type="checkbox"/>	Friday Lunch with Exhibitors	No Fee
<input type="checkbox"/>	Friday Meet-and-Greet Reception	No Fee
<input type="checkbox"/>	Saturday Burn Center Tour (w/o transportation)	No Fee
<input type="checkbox"/>	Saturday Burn Center Tour (with transportation)	\$10.00
<input type="checkbox"/>	Saturday Farewell Reception	No Fee

Total amount: \$ _____ Method: ___ Check (payable to SMA) ___ VISA ___ MC ___ Discover ___ AMEX

Card Number: _____ Exp Date: _____ Security Code (required): _____

Name on Card: _____

Signature: _____

Billing Address - Same as above OR: _____

Return Form With Payment to:
 Registration | SMA | 3500 Blue Lake Drive, Suite 360 | Birmingham, AL 35243
 Phone: 800.423.4992 | Fax: 205.945.1830