



COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

July 26-29, 2017 | Hyatt La Jolla | San Diego, CA

Register online by going to www.asccp.org

Name: _____ Credentials: _____

Company/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax: _____

Email: _____

Emergency Contact Name/Phone: _____

If you are not an ASCCP Member, you may become a member prior to registering by going to www.asccp.org to receive registration discounts listed below.

Registration Type

- ☐ ASCCP Physician Member
- ☐ Physician Non-Member
- ☐ ASCCP Physician Assistant Member
- ☐ Physician Assistant Non-Member
- ☐ ASCCP Researcher Member
- ☐ Researcher Non-Member
- ☐ ASCCP Nurse/Nurse Practitioner/Midwife Member
- ☐ Nurse/Nurse Practitioner/Midwife Non-Member
- ☐ Resident/Student – Members Only
- ☐ Total Registration Fee

Early Bird by 6/27

\$ 995.00
\$ 1295.00
\$ 895.00
\$ 1195.00
\$ 895.00
\$ 1195.00
\$ 895.00
\$ 1195.00
\$ 795.00
\$ _____

Regular

\$ 1045.00
\$ 1345.00
\$ 945.00
\$ 1245.00
\$ 945.00
\$ 1245.00
\$ 945.00
\$ 1245.00
\$ 845.00
\$ _____

Please indicate any special dietary needs: _____

Please indicate special assistance required: (i.e., accessible transportation, aids for hearing/vision, etc.) _____

Method of Payment

☐ Check ☐ Visa ☐ Mastercard ☐ AMEX

Credit Card Number: _____ Expiration Date: _____

Security Code: _____ Name (as it appears on the card): _____

Signature: _____

Cancellation Policy

Written cancellation must be received at least 30 days prior to the start of the course. Any notice received by this time will be refunded, less a \$100.00 administrative fee. No refunds will be made after this time.

By registering, you agree to being photographed which may be used in future marketing materials.

Register online at www.asccp.org or send completed registration form and payment to:
ASCCP | 1530 Tilco Drive, Suite C | Frederick, MD 21704 | Phone: 800-787-7227 | Fax: (240) 575-9880