



## COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

January 8-11, 2020 | Grand Hyatt Tampa Bay | Tampa, FL

Register online by going to [www.asccp.org](http://www.asccp.org)

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*If you are not an ASCCP Member and want to receive discounted registration rates, you may join by going to [www.asccp.org/member-benefits](http://www.asccp.org/member-benefits)*

### Registration Type

	Early Bird by 12/9	Regular
<input type="checkbox"/> ASCCP Physician Member	\$ 1000.00	\$ 1050.00
<input type="checkbox"/> Physician Non-Member	\$ 1300.00	\$ 1350.00
<input type="checkbox"/> ASCCP Physician Assistant Member	\$ 900.00	\$ 950.00
<input type="checkbox"/> Physician Assistant Non-Member	\$ 1200.00	\$ 1250.00
<input type="checkbox"/> ASCCP Researcher Member	\$ 900.00	\$ 950.00
<input type="checkbox"/> Researcher Non-Member	\$ 1200.00	\$ 1250.00
<input type="checkbox"/> ASCCP Nurse/Nurse Practitioner/Midwife Member	\$ 900.00	\$ 950.00
<input type="checkbox"/> Nurse/Nurse Practitioner/Midwife Non-Member	\$ 1200.00	\$ 1250.00
<input type="checkbox"/> ASCCP Trainee Student Member	\$ 800.00	\$ 850.00
<input type="checkbox"/> Trainee Non-Member*	\$ 850.00	\$ 900.00

### Total Registration Fee

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\*Trainee Non-Members must submit proof that they are currently enrolled in a training program. Acceptable documents are a letter from your Department Chair or a Student ID.

### 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.

Do you have any dietary restrictions? \_\_\_\_\_

By registering, you agree to being photographed and your likeness may be used in future material.

Send Completed Registration Form to:

ASCCP, 1530 Tilco Drive, Suite C, Frederick, MD 21704 Email: [info@asccp.org](mailto:info@asccp.org) Fax: (240) 575-9880