ASCCP The society for lower genital tract disorders since 1964

Course Exhibit Form

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Please select the course(s) where you plan to exhibit:

☐ Comprehensive Colposcopy	Baltimore, MD	October 26-29, 2017	$1,600.00
☐ Comprehensive Colposcopy	Tampa, FL	January 3-6, 2018	$1,600.00
☐ Comprehensive Colposcopy & High Resolution Anoscopy	Denver, CO	July 25-28, 2018	$1,600.00
☐ Comprehensive Colposcopy	Atlanta, GA	October 24-27, 2018	$1,600.00
☐ Four Courses **Best Value!**			$6,000.00

TOTAL $_____

Photographs taken at the course may be used in future ASCCP marketing, publicity, promotions, advertising, social networking, and training activities. By registering and attending, you agree to allow ASCCP to use the photographs and/or video materials.

Payment Information:

Method: ☐ Check (Drawn on U.S Bank. Checks may be mailed to the ASCCP Office at the address below.)

Credit Card: ☐ Visa ☐ American Express ☐ Discover ☐ MasterCard

Credit Card Number:_____

Expiration Date _____/_____ Security Code: _____
(Month) (Year)

Name on 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.

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