



Improving Lives Through the Prevention & Treatment
of Anogenital & HPV-Related Diseases

COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

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

Register online by going to 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

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
- ☐ ASCCP Trainee Student Member
- ☐ Trainee Non-Member*

Early Bird by 12/9

\$ 995.00
\$ 1,295.00
\$ 895.00
\$ 1,145.00
\$ 895.00
\$ 1,145.00
\$ 895.00
\$ 1,145.00
\$ 595.00
\$ 695.00

Regular

\$ 1,095.00
\$ 1,395.00
\$ 995.00
\$ 1,245.00
\$ 995.00
\$ 1,245.00
\$ 995.00
\$ 1,245.00
\$ 695.00
\$ 795.00

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 that date.

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 | Fax: (240) 575-9880