



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 Tampa, FL January 9-12, 2019 \$1,600.00
- Comprehensive Colposcopy Providence, RI July 24-27, 2019 \$1,600.00
- Comprehensive Colposcopy San Diego, CA October 16-19, 2019 \$1,600.00
- Three Courses **Best Value!** \$4,500.00

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.

By completing this form, my company is agreeing to the exhibitor rules and regulations listed in the Course Prospectus.

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.