COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

January 11-14, 2017 | Grand Hyatt Hotel | Providence, RI

Register online by going to www.asccp.org/CCtampa

Name:_____Credentials:_____

Company/Instituion:_____

Address:_____

City:_____State:_____Zip:_____

Phone :_____ Fax:_____

Email:_____

Emergency Contact Name/Phone:_____

Registration Type	Early Bird by 12/12	Regular
☐ ASCCP Physician Member	$ 995.00	$ 1045.00
☐ Physician Non-Member	$ 1295.00	$ 1345.00
☐ ASCCP Physician Assistant	$ 895.00	$ 945.00
☐ Physician Assistant Non-Member	$ 1195.00	$ 1245.00
☐ ASCCP Researcher	$ 895.00	$ 945.00
☐ Researcher Non-Member	$ 1195.00	$ 1245.00
☐ ASCCP Nurse/Nurse Practitioner/Midwife	$ 895.00	$ 945.00
☐ Nurse/Nurse Practitioner/Midwife Non-Member	$ 1195.00	$ 1245.00
☐ Resident/Fellow – Members Only	$ 795.00	$ 845.00
☐ Total Registration Fee	$ _____	$ _____

Please indicate any special dietary needs:_____

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

_____

How did you hear about this course?_____

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 and your likeness may be used in future material. Please call 800-787-7227 with questions.

Register Online at www.asccp.org/CCtampa | or Send Completed Registration Form to:
ASCCP * 1530 Tilco Drive, Suite C * Frederick, MD 21704 * or fax this form to ASCCP at (240) 575-9880

ASCCP