



COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

October 16-19, 2019 | Wyndham San Diego Bayside | San Diego, CA

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 9/16

- \$ 1000.00
- \$ 1300.00
- \$ 900.00
- \$ 1200.00
- \$ 900.00
- \$ 1200.00
- \$ 900.00
- \$ 1200.00
- \$ 800.00
- \$ 850.00

Regular

- \$ 1050.00
- \$ 1350.00
- \$ 950.00
- \$ 1250.00
- \$ 950.00
- \$ 1250.00
- \$ 950.00
- \$ 1250.00
- \$ 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 Fax: (240) 575-9880