COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

January 3-6, 2018 | 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 ww.asccp.org/member-benefits

Registration Type	Early Bird by 12/3	Regular
☐ ASCCP Physician Member	$ 1000.00	$ 1050.00
☐ Physician Non-Member	$ 1300.00	$ 1350.00
☐ ASCCP Physician Assistant Member	$ 900.00	$ 950.00
☐ Physician Assistant Non-Member	$ 1200.00	$ 1250.00
☐ ASCCP Researcher Member	$ 900.00	$ 950.00
☐ Researcher Non-Member	$ 1200.00	$ 1250.00
☐ ASCCP Nurse/Nurse Practitioner/Midwife Member	$ 900.00	$ 950.00
☐ Nurse/Nurse Practitioner/Midwife Non-Member	$ 1200.00	$ 1250.00
☐ Resident/Fellow – Members Only	$ 800.00	$ 850.00
Total Registration Fee	**$ _____**	**$ _____**

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.

Send Completed Registration Form to:
ASCCP, 1530 Tilco Drive, Suite C, Frederick, MD 21704 Email: info@asccp.org Fax: (240) 575-9880