

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: _____ City: State: Zip: Phone :______ Fax:______ 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 6/24 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 ☐ ASCCP Trainee Student Member \$ 850.00 \$ 800.00 ☐ Trainee Non-Member* \$ 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.

By registering, you agree to being photographed and your likeness may be used in future material.

Do you have any dietary restrictions?