



COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

October 24-27, 2018 | Crowne Plaza Atlanta Perimeter at Ravinia | Atlanta, GA

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 Resident/Fellow
- ☐ Resident/Fellow Non-Member

Early Bird by 9/19

\$ 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

\$ _____

\$ _____

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