



COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

July 24-27, 2019 | Omni Providence Hotel | Providence, RI

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

	Early Bird by 6/24	Regular
<input type="checkbox"/> ASCCP Physician Member	\$ 1000.00	\$ 1050.00
<input type="checkbox"/> Physician Non-Member	\$ 1300.00	\$ 1350.00
<input type="checkbox"/> ASCCP Physician Assistant Member	\$ 900.00	\$ 950.00
<input type="checkbox"/> Physician Assistant Non-Member	\$ 1200.00	\$ 1250.00
<input type="checkbox"/> ASCCP Researcher Member	\$ 900.00	\$ 950.00
<input type="checkbox"/> Researcher Non-Member	\$ 1200.00	\$ 1250.00
<input type="checkbox"/> ASCCP Nurse/Nurse Practitioner/Midwife Member	\$ 900.00	\$ 950.00
<input type="checkbox"/> Nurse/Nurse Practitioner/Midwife Non-Member	\$ 1200.00	\$ 1250.00
<input type="checkbox"/> ASCCP Resident/Student Member	\$ 800.00	\$ 850.00
<input type="checkbox"/> Resident/Student Non-Member	\$ 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: _____

Do you have any dietary restrictions? _____

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