

COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

July 27-30, 2016 | Omni Providence Hotel | Providence, RI

Register online by going to www.asccp.org/CC

Name: _____ Credentials: _____

Company/Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax: _____

Email: _____

Emergency Contact Name/Phone: _____

Registration Type

☐ ASCCP Physician Member

☐ Physician Non-Member

☐ ASCCP Physician Assistant

☐ Physician Assistant Non-Member

☐ ASCCP Researcher

☐ Researcher Non-Member

☐ ASCCP Nurse/Nurse Practitioner/Midwife

☐ Nurse/Nurse Practitioner/Midwife Non-Member

☐ Resident/Fellow – Members Only

☐ Total Registration Fee

Early Bird by 6/27

\$ 995.00

\$ 1295.00

\$ 895.00

\$ 1195.00

\$ 895.00

\$ 1195.00

\$ 895.00

\$ 1195.00

\$ 795.00

\$ _____

Regular

\$ 1045.00

\$ 1345.00

\$ 945.00

\$ 1245.00

\$ 945.00

\$ 1245.00

\$ 945.00

\$ 1245.00

\$ 845.00

\$ _____

Please indicate any special dietary needs: _____

Please indicate special assistance required: (i.e., accessible transportation, aids for hearing/vision, etc.) _____

How did you hear about this course? _____

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. Please call 800-787-7227 with questions.

Register Online at www.asccp.org/CC | or Send Completed Registration Form to:
ASCCP * 1530 Tilco Drive, Suite C * Frederick, MD 21704 * or fax this form to ASCCP at (240) 575-9880

ASCCP