Comprehensive Colposcopy Registration Form

April 26-29, 2012 | The Westin Providence | Providence, Rhode Island

Name:_____
First M.I. Last Degree/Credentials

Address: _____

City:_____

State:_____ Zip Code: _____

Daytime Phone:_____ Fax: _____

E-mail: _____

Comprehensive Colposcopy Course Registration Fee

❏ ASCCP Physician Member ..... $ 1000.00
❏ ASCCP Member Advanced Practice Clinician ..... $ 875.00
(e.g., NP, PA-C, CNM, etc.)
❏ Physician Non-Member ..... $ 1150.00
❏ Advanced Practice Clinician Non-Member ..... $ 950.00
❏ Resident/Fellow ..... $ 800.00

Syllabus Option (Must Choose 1 Option Below)
❏ Electronic Only (Included In Registration Fee) ..... $ 0.00
❏ Black & White Printed Plus Electronic Access ..... $ 100.00

❏ Total Registration Fee ..... $_____

Your registration is not confirmed until you receive confirmation from ASCCP.

Please indicate below any special assistance required during the meeting (i.e., accessible transportation, aids for hearing or vision, etc.) _____

_____

Method of Payment

❏ Check ❏ Visa ❏ MasterCard ❏ American Express

Credit Card Number _____ Expiration Date _____

Credit Card Verification Code (3-digit code on back of credit card)_____

Name (as it appears on the card) _____

Signature _____

Cancellation Policy

Written cancellation must be received on or before March 26, 2012. Any notice received on or before March 26, 2012 will be refunded, less a $100.00 administrative fee. No refunds will be made after March 26, 2012.

Register Online at www.asccp.org | or Send Completed Registration Form to:
ASCCP • 152 West Washington Street • Hagerstown, Maryland 21740
or fax this form to the ASCCP at (301) 733-5775

Sorry, telephone registrations cannot be accepted.
All course seats are awarded on a first come, first served basis.