

THE AMERICAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY
APPLICATION FOR TABLETOP EXHIBIT SPACE

We, the undersigned, hereby make application for exhibit space at the following postgraduate course(s):

Comprehensive Colposcopy

- Oct. 7 – 10, 2009 in Salt Lake City, Utah
- Apr. 7 – 10, 2010 in Portland, Oregon
- Aug. 12 – 15, 2010 in San Francisco, California

Advanced Colposcopy

- Dec. 10 – 12, 2009 in Naples, Florida

High Resolution Anoscopy (HRA)

- Dec. 12 – 13, 2009 in Naples, Florida
- Aug. 14 – 15, 2010 in San Francisco, California

Specific course information including hotel name and address may be found on the website:

www.asccp.org/meetings.shtml

We understand that tabletop exhibit assignments will be made on a first-come, first served basis, and only after receipt of payment in the amount of **\$1200** per course (**\$4800/year**), which includes the HRA courses. In case of cancellation, a refund of **\$1100** will be possible, but only if a written cancellation notice is received 30 days prior to the course start. If you wish to exhibit only at the two day HRA courses, the rate will be \$600 each course.

Products or services to be displayed:

One month prior to each course that you have elected to attend, you will be contacted for the names of your representatives and any special needs. Shipping instructions will be provided at that time.

If willing to provide equipment that may be used in the hands-on training portion of the *Comprehensive Colposcopy* courses, fees will be reduced to **\$3500** per annum. Companies must attend all three *Comprehensive Colposcopy* courses and be willing to offer for use at each:

3 colposcopes, 1 LEEP unit & 1 cyro unit, OR
4 LEEP units OR some combination thereof.

Sign me up to bring equipment and attend all courses:

_____ YES _____ NO

Total Amount Enclosed: \$ _____

We will bring the following equipment to the *Comprehensive Colposcopy* courses:

Please list any special electrical requirements:

I have read and agree to adhere to the ASCCP Exhibit Rules and Regulations.

Signature _____

Company Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____

Authorized By: _____ Title: _____

Signature: _____ Date: _____

Method of Payment: Check Visa MC Am Exp Card CVS Code: _____

Credit Card Number: _____ Expiration Date: _____

Name as it appears on credit card: _____ Signature: _____

ASCCP Authorization: _____ Date: _____

Please send this form along with payment to: ASCCP, 152 W Washington Street, Hagerstown, MD 21740
Phone No. (800) 787-7227, (301) 733-3640 - Fax No. (301) 733-5775 - www.asccp.org