Registration Form

Advanced Colposcopy: The Complete Lower Genital Tract
December 10 - 12, 2009 | The Ritz-Carlton, Naples, Florida

Name: _____
First M.I. Last Degree

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Advanced Colposcopy: The Complete Lower Genital Tract Course Registration Fee

- ❑ ASCCP Physician Member ..... $ 1000.00
- ❑ ASCCP Member Advanced Practice Clinician (e.g. NP, PA-C, CNM, etc.) ..... $ 875.00
- ❑ Physician Non-Member ..... $ 1150.00
- ❑ Advanced Practice Clinician Non-Member ..... $ 950.00
- ❑ Resident/Fellow ..... $ 800.00
- ❑ Late fee for registrations received (fax or postmark) after November 10, 2009 ..... $ 100.00

Total Registration Fee ..... $_____

Please let us know if you require special assistance 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 by November 10, 2009. Any notice received on or before November 10, 2009 will be refunded, less a $100.00 administrative fee. No refunds will be made after November 10, 2009.

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 seats awarded on a first-come, first-served basis.