MEETING REGISTRATION FORM

Advanced Colposcopy & Lower Genital Tract Dermatology
December 11–14, 2008 • Bally's Las Vegas • Las Vegas, Nevada

Name: _____
First M.I. Last Degree

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Advanced Colposcopy & Lower Genital Tract Dermatology 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	$ 800.00
Optional Skin Surgery & Flaps Workshop (Dec. 12)	
(Additional 3 CME hours, limited to first 50 registrants)	$ 100.00
Late fee for registrations received (fax or postmark) after November 10, 2008	**$ 100.00**
Total Registration Fee	$_____

- ❑ Please check here if you require special assistance during the meeting (i.e., accessible transportation, aids for hearing or vision, etc.)
- ❑ Please send me an ASCCP Algorithms Order Form
- ❑ Please send me information about joining the ASCCP

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 November 10, 2008. Any notice received prior to November 10, 2008 will be refunded, less a $100.00 administrative fee. No refunds will be made after November 10, 2008.

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.