Comprehensive Colposcopy Registration Form

August 12–15, 2010 | The InterContinental Mark Hopkins Hotel

Name: _____
First M.I. Last Degree

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Comprehensive Colposcopy Course Registration Fee

❑ ASCCP Physician Member.....$1000.00
❑ ASCCP Member Advanced Practice Clinician (e.g., NP, PA-C, CNM, etc.).....$ 875.00
❑ Physician Non-Member.....$1150.00
❑ Advanced Practice Clinician Non-Member.....$ 950.00
❑ Resident.....$ 800.00
❑ Late Registration fee (if postmarked/faxed after July 13, 2010).....$ 100.00
❑ Total Registration Fee.....$_____

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 July 13, 2010. Any notice received on or before July 13, 2010 will be refunded, less a $100.00 administrative fee. No refunds will be made after July 13, 2010.

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.