

## 2006 Consensus Conference Observer Registration Form

ASCCP Consensus Conference on the Management of Women with Cervical Cytological Abnormalities and Cervical Intraepithelial Neoplasia - September 18-19, 2006  
Natcher Conference Center, NIH Medical Campus – Bethesda, Maryland

Name: \_\_\_\_\_  
                    First                                    M.I.                                    Last                                    Degree

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Consensus Conference Registration Fee\*

\_\_\_\_\_ Sponsoring Organization Active Physician Member \$ 75.00  
\_\_\_\_\_ Sponsoring Organization Active Advanced Practice Clinician Member  
(e.g., NP, PA-C, CNM, etc.) \$ 75.00  
\_\_\_\_\_ Sponsoring Federal Agency Employee \$ 75.00

**Late fee for registrations received (faxed or postmarked) after September 5, 2006 \$ 25.00**

**Total Registration Fee** ..... \$ \_\_\_\_\_

\* **NOTE:** Those eligible to serve as observers are those healthcare providers who are either active, dues-paying members, or employees of one of the sponsoring organizations or Federal agencies. In order to assure that all observers meet the eligibility requirements, observers must provide documentation as to their eligibility. Acceptable forms of documentation include either a 2006 dues receipt or a letter from the organization or Federal agency attesting to one's current membership or employment status. *Documentation of eligibility must be submitted concurrently with this registration form in order for registration to be processed.*

**Consensus Conference registration fee provides** daily continental breakfast and morning and afternoon coffee breaks.

Please check here 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 on or before **September 5, 2006**.

Any notice received prior to **September 5, 2006** will be refunded, less a **\$25.00** administrative fee.

No refunds will be made after **September 5, 2006**.

**Consensus Observers seats are limited to the first 125 eligible registrants. All seats awarded on a first-come, first-served basis. No exceptions.**

**Return form and documentation to ASCCP, 20 West Washington Street, Suite 1, Hagerstown, MD 21740 or by fax to 301/733-5775**