Improving Lives Through the Prevention & Treatment of Anogenital & HPV-Related Diseases

COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

October 21-24, 2020 | Emory Conference Center | Atlanta, GA

Register online by going to www.asccp.org

Name:_____Credentials:_____

Address:_____

City:_____State:_____Zip:_____

Phone :_____ Fax:_____

Email:_____

If you are not an ASCCP Member and want to receive discounted registration rates, you may join by going to ww.asccp.org/member-benefits

Registration Type	Early Bird by 9/24	Regular
☐ ASCCP Physician Member	$ 995.00	$ 1,095.00
☐ Physician Non-Member	$ 1,295.00	$ 1,395.00
☐ ASCCP Physician Assistant Member	$ 895.00	$ 995.00
☐ Physician Assistant Non-Member	$ 1,145.00	$ 1,245.00
☐ ASCCP Researcher Member	$ 895.00	$ 995.00
☐ Researcher Non-Member	$ 1,145.00	$ 1,245.00
☐ ASCCP Nurse/Nurse Practitioner/Midwife Member	$ 895.00	$ 995.00
☐ Nurse/Nurse Practitioner/Midwife Non-Member	$ 1,145.00	$ 1,245.00
☐ ASCCP Trainee Student Member	$ 595.00	$ 695.00
☐ Trainee Non-Member*	$ 695.00	$ 795.00
Total Registration Fee	**$ _____**	**$ _____**

*Trainee Non-Members must submit proof that they are currently enrolled in a training program. Acceptable documents are a letter from your Department Chair or a Student ID.

Method of Payment

☐ Check ☐ Visa ☐ Mastercard ☐ AMEX

Credit Card Number:_____ Expiration Date:_____ Security Code:_____

Name (as it appears on the card):_____ Zip/Postal Code:_____

Signature:_____

Cancellation Policy

Written cancellation must be received at least 30 days prior to the start of the course. Any notice received by this time will be refunded, less a $100.00 administrative fee. No refunds will be made after that date.

Do you have any dietary restrictions?_____

By registering, you agree to being photographed and your likeness may be used in future material.

Send Completed Registration Form to:

ASCCP, c/o SHS Services, LLC, 131 Rollins Ave, Suite 2, Rockville, MD 20852 | F: 301-433-7971| info@asccp.org