



**Early Bird Registration  
2020 Scientific Meeting  
on Anogenital & HPV-Related Diseases  
March 31-April 3, 2020 | Orlando, Florida**

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Credentials Select all that apply):

- |                                 |                              |                                |                              |                                  |                                |
|---------------------------------|------------------------------|--------------------------------|------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> ANP    | <input type="checkbox"/> BSN | <input type="checkbox"/> FNP   | <input type="checkbox"/> MPH | <input type="checkbox"/> PA-C    | <input type="checkbox"/> WHNP  |
| <input type="checkbox"/> AOCN   | <input type="checkbox"/> CNA | <input type="checkbox"/> LPN   | <input type="checkbox"/> MSc | <input type="checkbox"/> PharmaD | <input type="checkbox"/> Other |
| <input type="checkbox"/> AOCNP  | <input type="checkbox"/> CNM | <input type="checkbox"/> MBChB | <input type="checkbox"/> MSN | <input type="checkbox"/> PANCE   | _____                          |
| <input type="checkbox"/> ARC-PA | <input type="checkbox"/> DNP | <input type="checkbox"/> MD    | <input type="checkbox"/> NP  | <input type="checkbox"/> RN      | _____                          |
| <input type="checkbox"/> ARNP   | <input type="checkbox"/> DO  | <input type="checkbox"/> MPH   | <input type="checkbox"/> NR  | <input type="checkbox"/> PhD     | _____                          |

**Registration (Early Bird Registration ends January 31, 2020):**

- |                                                                                                       |         |                                                                                                                       |         |
|-------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------|---------|
| <input type="checkbox"/> Physician Member *                                                           | \$995   | <input type="checkbox"/> Non-medical Industry Consultant                                                              | \$1,395 |
| <input type="checkbox"/> Physician Non-Member                                                         | \$1,295 | <input type="checkbox"/> International World Bank Physician***                                                        | \$545   |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Member*     | \$895   | <input type="checkbox"/> International World Bank Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife*** | \$545   |
| <input type="checkbox"/> Researcher/Physician Assistant/Nurse /Nurse Practitioner/Midwife Non- Member | \$1,145 | <input type="checkbox"/> Emeritus Member*                                                                             | \$0     |
| <input type="checkbox"/> Resident/Student Member*                                                     | \$595   | <b>Add-On</b>                                                                                                         |         |
| <input type="checkbox"/> Resident/Student Non-Member**                                                | \$695   | <input type="checkbox"/> Physician Assistant/Nurse/Nurse Practitioner/ Midwife Breakfast                              | \$0     |

**Pre-Courses**

- |                                                                                                                          |       |
|--------------------------------------------------------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Advanced Discussions in Vulvovaginal Diseases                                                   | \$275 |
| <input type="checkbox"/> Advanced Challenges in the Management of HPV-Related Disorders of the Vulva, Vagina, and Cervix | \$275 |
| <input type="checkbox"/> Advanced Discussions in Sexual Health                                                           | \$275 |

\*Must be a current ASCCP member at the time of registration.

\*\*Residents/Students registering as a non-member will be asked to provide a letter from their Department Chair confirming residency status or a copy of their student id card.

\*\*\*The World Bank rate is available only to those who reside in countries declared 'Lower-Middle' and 'Low' income by the World Bank. Visit [www.worldbank.org/en/country](http://www.worldbank.org/en/country) to view your country's status.

**Payment Information:**

TOTAL \$ \_\_\_\_\_

Method:  Check (Checks may be mailed to the ASCCP Office at the address below.)

Credit Card:  Visa  American Express  Discover  MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_  
(Month) (Year)

Name on Card: \_\_\_\_\_

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 this time.  
Photographs and/or video taken at the ASCCP2019 may be used in future ASCCP marketing, publicity, promotions, advertising, social networking, and training activities. By registering and attending, you agree to allow ASCCP to use the photographs and/or video materials.