



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

COMPREHENSIVE COLPOSCOPY ONLINE REGISTRATION FORM

July 1 – September 30
(Registration Deadline: June 30)

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
www.asccp.org/member-benefits

Registration Type

<input type="checkbox"/> ASCCP Physician Member	\$ 895.00
<input type="checkbox"/> Physician Non-Member	\$ 1,195.00
<input type="checkbox"/> ASCCP Physician Assistant Member	\$ 795.00
<input type="checkbox"/> Physician Assistant Non-Member	\$ 1,045.00
<input type="checkbox"/> ASCCP Researcher Member	\$ 795.00
<input type="checkbox"/> Researcher Non-Member	\$ 1,045.00
<input type="checkbox"/> ASCCP Nurse/Nurse Practitioner/Midwife Member	\$ 795.00
<input type="checkbox"/> Nurse/Nurse Practitioner/Midwife Non-Member	\$ 1,045.00
<input type="checkbox"/> ASCCP Trainee Student Member	\$ 395.00
<input type="checkbox"/> Trainee Non-Member*	\$ 495.00

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.

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