



The society for lower genital
tract disorders since 1964

2016 Annual Meeting Premium Registration Upgrade

Name: _____

Company/Institution: _____

Registration

☐ Premium Registration Upgrade -Post Meeting \$125

TOTAL \$125

Payment Information:

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

Credit Card: ☐ Visa ☐ American Express ☐ Discover ☐ MasterCard

Credit Card Number: _____

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(Month) (Year)

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