COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

July 29-August 1, 2020 | Wyndham San Diego Bayside | San Diego, CA

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 d www.asccp.org/member-benefits	iscounted regis	tration rates, you may join by (going to	
Registration Type		Early Bird by 6/29	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 enr Student ID.	olled in a training p	orogram. Acceptable documents are a lo	etter from your Department Chair or a	
Method of Payment ☐ Check ☐ Visa ☐ Mastercard ☐ AMEX				
Credit Card Number:		Expiration Date:	Security Code:	
Name (as it appears on the card):				
Signature:				
Cancellation Policy Written cancellation must be received at least 30 days p refunded, less a \$100.00 administrative fee. No refunds			ved by this time will be	
Do you have any dietary restrictions?				

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