



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

## COMPREHENSIVE COLPOSCOPY REGISTRATION FORM

July 14-17, 2021 | Grand Hyatt Denver | Denver, Colorado

Register online by going to [www.asccp.org](http://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**  
[www.asccp.org/member-benefits](http://www.asccp.org/member-benefits)

### Registration Type

- ☐ ASCCP Physician Member
- ☐ Physician Non-Member
- ☐ ASCCP Physician Assistant Member
- ☐ Physician Assistant Non-Member
- ☐ ASCCP Researcher Member
- ☐ Researcher Non-Member
- ☐ ASCCP Nurse/Nurse Practitioner/Midwife Member
- ☐ Nurse/Nurse Practitioner/Midwife Non-Member
- ☐ ASCCP Trainee Student Member
- ☐ Trainee Non-Member\*

### Early Bird by 6/14

\$ 1,095.00  
\$ 1,395.00  
\$ 995.00  
\$ 1,245.00  
\$ 995.00  
\$ 1,245.00  
\$ 995.00  
\$ 1,245.00  
\$ 595.00  
\$ 695.00

### Regular

\$ 1,195.00  
\$ 1,495.00  
\$ 1,095.00  
\$ 1,345.00  
\$ 1,095.00  
\$ 1,345.00  
\$ 1,095.00  
\$ 1,345.00  
\$ 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.

Should you have any dietary restrictions, please email [info@asccp.org](mailto:info@asccp.org).

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](mailto:info@asccp.org)